

**Humble & Kind by Tim McGraw, Jim Meadows, MD and Shoshana Ungerleider, MD  
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Start of Transcript

**Tim:** Alright, all right. Good morning.

**Shoshana:** So, I know that everyone is quite interested by what, from the outside, appears to be a very unlikely pairing here for indwell, a country music legend and a palliative care physician turned entrepreneur. So, welcome Tim and Jim.

**Jim:** Thank you.

**Tim:** Thank you.

**Shoshana:** So, Jim, I'll start with you. 5 years ago, you were seeing patients in your clinic, right, and Narus did not exist. And today, you guys are serving the needs of patients nationwide. So, how did this start? Tell us the story?

**Jim:** Yeah. I think a little bit of luck and timing and some shared frustrations by a group of people and some strategy, but I mean, ultimate... ultimately, it's been a lot of hard work by a passionate group of people that I'm very proud to represent today, our team. Yeah, so 5 years ago, I'm minding my own business, you know, working in clinic and I was part of a very large oncology practice. And we had a small, great palliative team, we were seeing a couple hundred people a month. But, you know, everyday it was... it was wash, rinse, repeat. And we were doing really meaningful work, but for a small group of people. And I would go home and it would, it would be bittersweet, because, you know, you know you're doing good work, but for every person you saw, there were 50 you didn't, you know? And it just, it wasn't sustainable, and it didn't feel like anything was going to change this. And then one day, I was asked by a colleague to do a consult on a man named Tom Cato, and I didn't know at the time that that was going to change my career quite a bit.

**Shoshana:** How so?

**Jim:** Yeah. So, Tom was a really interesting man. He was kind of... he's kind of a mentor figure, you know, if you will. He was very successful healthcare executive. If anybody understood the health system, it was... it was Tom. [02:00] He was also very Type-A, which, if you're a doctor or clinician, you take care of Type-A patients, in some ways are good because they're great historians, they take wonderful notes.

**Shoshana:** They do.

**Jim:** But they want to control everything. And, you know, Tom had enough insight that he knew that he could not control the fact that he had an illness because he suddenly found himself needing to use the system. But he was so frustrated by not being able to have influence over just the practical logistics of what he was dealing with, and it just really, really drove him crazy, if you will. And, you know, Tom died in 2014, from ocular melanoma. And besides the anticipated grief that the family obviously went through, the experience profoundly affected the Kato family, so much so that that Tom's son, Todd, left his own successful career and said, "I'm going to build a collaborative team to do something to help people that are facing this," and not even knowing what it was. That was... that was the birth of nurse and I was fortunate that they just kind of asked me to join.

**Shoshana:** Yeah. So, so many entrepreneurs in this space have similar stories. And what we're seeing that is that these issues of the end of life, serious illness touch everybody, right? So, Tim, you're on the board of Narus. So, how did you get involved?

**Tim:** Well, Todd had been a friend of mine for a long time. Our... our children went to school together, our daughters around the same... I have 3 daughters he has... has 2 daughters, they're around the same age. And in fact, I coached his daughters and my daughters in basketball and softball when they were in grade school. And we've been friends for a lot. I knew his dad, Tom, who was like Jim said, was just a really great man and somebody that you fell in love with instantly, just a great guy. And so Todd called me one day and explained his dad had cancer and... and I knew the impact that it had on him. And when... when he said he wanted to start this company after it was all said and done, I was... I told him I was there.

**Shoshana:** Yeah, absolutely. So, you've [04:00] also gotten connected through Tom. And I'm sure that you've known people throughout your life, of course that have gone through serious illness and have lost somebody they love. Was there something about Tom's situation that was... that you thought was different?

**Tim:** Well, look, we all know that life is not a linear process in a lot of ways and the path that we walk, and we all know folks who are really great people who get a serious illness that no one deserves. And what was really... for me, what was really in my situation and certainly seeing Todd's situation and talking to Todd was the difficulty in the process that surrounded it, and how it was hard for... to know that doctors were communicating and getting all the information together and you're having to explain over and over to different doctors different things and redoing things and reliving things and rehashing things constantly. And what medications to take and all... and I'm sure a lot of you here know all those things now. But as an outsider, when you first step into that situation for the first time with your family, in a serious situation and a serious illness like that, it really... it would be like stepping into a national studio and trying to read a music chart and trying to figure out what was going on. It's speaking a different language and it takes... takes a lot to sort of get around that process and... and begin to understand anything about it.

**Shoshana:** You're absolutely right. You know, I hear this all the time. My husband and I were actually just talking about this, how hard it is to navigate in that other language that we speak in medicine. So, even I can tell you, from the inside, it's... this is just incredibly hard to navigate through. And I think it's frustrating for everybody in it.

**Jim:** Yeah.

**Tim:** Yeah.

**Jim:** I think that... I think all the players are frustrated, right? Because this is kind of just evolved to what it is. So, as a physician, it's very frustrating to try to navigate this and I think payers are frustrated by the whole process too. But at the end of the day, the patient and the family is the ultimate passive victim in this, if you will, because they're the most vulnerable through the process. [06:00] So, if it's the most frustrating for anybody, it's them, and it just doesn't seem like that should be the case, right?

**Tim:** Yeah, for sure.

**Shoshana:** Yeah. Well, I know that, you know, you had talked about when Tom was going through his cancer and it was around 10 years after?

**Tim:** A few years after my dad had been diagnosed with glioblastoma. And, you know, it was... it was... I didn't know my dad very well. I don't know how many people know that I found out my dad was my father, who was Tug McGraw, a professional baseball player. I grew up in Louisiana, a small town and sort of a rural community and poverty and I was digging through my mom's closet and found my birth certificate, and that's how I discovered who my dad was. And that's a whole different story, that's a long story. You know, those baseball players, man. But I was what they call a grapefruit baby from the... from the minor league system in Florida where my mom was going. But I tell... Tug and I were... we got to know each other as a... as a... when I was an adult, and we were just starting to... to, you know, learn more about each other and start to reconcile the past a bit when... when he was diagnosed. And... and, you know, for me, the process... we had a lot of help, we had... you know, we had a lot of people that were around us

and helping us and very supportive and very helpful during the whole process. But it was still tough, and it was still tough to figure out how to navigate. And so when Todd said that he wanted to start a company that really addressed those situations, it was really helpful for me, and it was really made me think that, "Gosh, wish we'd had that when we were going through this."

**Shoshana:** I'm so glad that that you did. The more people I think we can help understand what palliative care is, right, and how to support people and it can benefit, you know, them and their families really early on in the disease journey, right, the better. That's why a lot of us are here today. And having an advocate like you will [08:00] go so far, right? And...

**Tim:** I'm happy I can... you know, I'm happy I have a platform that can help.

**Shoshana:** Yeah.

**Tim:** And that's... that's key. And, you know, I think that I'm lucky that I'm able to use it.

**Shoshana:** Yeah. And this leads me to my question about what it... what is it exactly that Narus does? Tell us... help us understand a little bit more about what you all do.

**Tim:** Good doctor?

**Jim:** Handoff. Yeah, so anyone who's a palliative doctor knows that brevity is not our strong suit. So, I'll try.... I'll try to be quick. We bill... we bill by... we bill on time, you know, so the more we talk, the better. So, if I can, in a nutshell, what we do as a company, we... we identify people that we believe need our type of help now or are going to need our type of help soon. And we reach out to them, we explain our service to them, and if they consent, we enrolled them. And I'll tell you, the goal is that we want to try to build an alliance with that... that person, that patient that they look at us as the unbiased, trusted advocate for their healthcare experience, and that they can... they can come to us with anything that is in any way related to this healthcare journey. And it is our job to work that on their behalf so that they're not having to spend valuable time chasing down logistical type things and so forth. Let us do that, because we're connected to the system. So, that's ultimately what we do. But to go a step further, I mean, when you remember Tom's story, Tom... Tom was frustrated at the process... the process for himself, but his family was frustrated too. So, we know the value of engaging the family and the caregivers. And so once we enrolled people, we actually contact all the stakeholders with the consent of the patient. And so we spend a lot of time communicating with the family, wherever they are, to bring them up to speed and to keep them up to speed in real time. And then, you know, again, as a doctor, I know the value of having a third party involved, and I know the frustrations of having a third party involved if someone's going to come in between me and my patient and what I'm trying to do with them. So, we really work in collaboration with all the treating physicians so that they all understand [10:00] what's going on. Our... we always try to reach out to doctors and give them more information than they had previously, because we're connecting all the dots on the back end.

**Shoshana:** I love it. Collaboration and teamwork is totally key.

**Tim:** Absolutely.

**Shoshana:** And, you know, it's got to mean a lot to the people that you... that you're a trusted partner, you know, in their care, sort of like what you were mentioning.

**Tim:** Well, sure, you know, gosh, when... when someone thinks they have a limited amount of time left to spend with their family, the last thing that... that the patient or the family want to deal with this task. I mean, inherently, it's... it's fearful and inherently anxious enough to have... have an illness like this, but to deal with all the other things and try to communicate with family and try to keep everyone on the same page is so difficult and so stressful and stressful, and can cause so many problems between the family members as well. But to have someone who... who has your back and has your support and have your arms... their arms around you and help you navigate that process and help keep everyone on the same

page is what Narus is all about. And it's... and for me personally, it's we've dealt with it. I mean, you know, it was tough, we can talk about how you communicate, right? And in the day that the modern age that we live in, you know, talking on the phone and texting and emailing and those sorts of things are... are key to how we communicate with each other.

And we recently experienced this with... with Faith and myself, she lost her dad earlier this year. And he was out of State, we had family spread all over the place. So, we went to Narus and we enrolled in there, it's just like everyone else. And well, they put together a team for us where... where it was texting and communicating. And you know, a lot of people will, especially in the time that we live in, they can communicate easier, because there's a sense of security and a sense of safety from that distance by talking on the phone and texting and talking. You can open up more, you can have your notes in front of you and you... you don't get so anxious talking face to face where you forget the questions that you want to ask some of the things that you want to have answered, and you can forget those things in the moment when you're face to face with a doctor. And they have a limit amount of time **[12:00]** and you have a limited amount of time. So, when you can do it on your own time, and you can put... interface back and forth in a different way, that tends to open people up more and make them feel a little more comfortable. So, that... that's a good thing that... that's part of our modern technology.

**Shoshana:** I love that you are on the board and you've also been a user...

**Tim:** Absolutely.

**Shoshana:** ... you know, of the platform.

**Tim:** Absolutely. And it was so helpful.

**Shoshana:** That's amazing.

**Tim:** I mean, it was... it was amazing to us. It really... like I said earlier, it really took away that extra anxiety that you have and really helped us spend quality time with her father in the last months of his life.

**Shoshana:** Yeah.

**Tim:** Yeah.

**Shoshana:** Tim, so without a doubt, you've recorded probably the greatest song out there that captures the spirit of limited time; it's called Live Like You Were Dying. And earlier, you mentioned that the death of your dad, Tug, would you be willing to share a little bit more about how it influenced the song, and then especially as you were one of his caregivers, right? And so how did that experience affect you as an artist and what's it like to perform that on stage?

**Tim:** Wow.

**Shoshana:** A lot of questions for you.

**Tim:** No, that's fine. You know, as an artist, you're... I'm sorry, my hats blocking all of you guys up here, I'm sorry. As an artist, you... you're always looking for a way to connect with your audience, you always want that connection. That's what... that's what makes it work for you, that's what makes it work for them, that's where the... you know, the cathartic value of music comes through when you can make that connection with people. And that song was a really special song and it... and I can see it, when I'm singing it, it moves me every time I sing it. Because I feel like that it's not my song, I feel like that I just happen to be the vessel that that song comes through and how it touches so many people. And you can see people who are going through struggles in their lives and they have people show up all the time who are going through an illness and you can see them in the audience and you can see them put their arms around each other, you can see groups of families when you sing that song or perform that song, it gets me choked up now. You can see families huddled and crying and singing along and how that song moves

them. And I found that song, it was written for me by [14:00] Tim Nichols and Craig Wiseman when my father became ill. And I never played it for him, I didn't record it 'til after he died. And I had the demo of the song and I never played it for him while he was alive. I just didn't want to.... I just don't want to push that button. I didn't know how it would affect him.

So, after he passed away, we were... probably 3 weeks after he died, we had rented a studio up in upstate New York. And the band and I went up there and it was a beautiful little farmhouse on 7000 acres on the top of a mountain. We were 3 foot of snow, we had these big fireplaces. And this is a long story, but we had... we had this... this glass booth in the middle of that I was in, the band was all around me. And I'd brought my uncle, Hank, who lives in the Bay Area, because my dad's from the Bay Area. I had my uncle Hank there and he was sitting on the couch. And we'd been recording most of the evening, it was about 2:00 in the morning and I looked over at my uncle Hank, I looked around at the band, and I said, "I think this is a good time to record Live Like You Were Dying." And we started into the recording process of that song, and I could see my uncle just on the couch cry the entire time. And that night at 2:00 in the morning, that was the recording that you hear on the radio with me watching my uncle thinking about this brother.

**Shoshana:** Thank you for sharing that.

**Tim:** It was a really special song for us.

**Shoshana:** Yeah, thank you for sharing that story with us. So, I want to know back... talk a little bit more about Narus, looking at where you guys are today, Tim... rather, Jim, has it worked out you know, the way that you thought it would?

**Jim:** Thanks for having me follow that by the way. But anyway...

**Tim:** Knock yourself out, doc.

**Jim:** Yeah. By the way, it's like looking in the mirror folks. I mean, look at the delts, it's (unclear) [15:50].

**Tim:** It's... it's touched up.

**Jim:** Photoshop.

**Tim:** Mm-hmm.

**Jim:** [16:00] Alright, so Narus, right? So yeah, so where we are today, it has not worked out the way that we thought it would in some ways, but that's okay. We always knew what we wanted to do. We always knew the audience that we wanted to target and enroll and the types of people that we wanted to help. So, that was never... there was never a question about that. And we knew that we wanted to have a large footprint, because there were so many people that were in need that didn't have a doctor down the road they could go to. So, all of those things were fundamental, and none of that has ever changed. And we built some... some tools to help with that and so forth. But... but we never thought we were going to be so involved with employers the way that we are, which is, I think, a really big differentiator for us in the space. We thought we would partner with payers, and it kind of makes sense. I mean, payers have millions of lives and they're always looking at ways to drive down costs and they're wanting to improve outcomes, etc., etc., etc. So, we were... when we launched, we were marketing, to payers, and there's never a bad meeting, right? Every meeting was, "Oh, it's great, and we're going to follow up and all that." But between you and me and the fencepost or between you and me and...

**Tim:** I'm the fencepost.

**Jim:** ... McGraw, payers... payers, you know, bless them, they move slow.

**Shoshana:** Yeah.

**Jim:** And when you're a startup, and you're trying to partner with someone that's got like a 3-year implementation plan, it will strangle you and make you gray. And so one day in the middle of all of this, while we were doing this, company approached us, a Nashville based company that was self-insured. And so they were a good sized company, they were spending 50 million a year on their health care. And they were frustrated because they had no idea what they were buying, they had no idea the quality of care of their... their folks were receiving, and they just... they wanted help with that. And here we had a solution that we believe would improve quality and improve support, it would improve their culture as a byproduct of that, and ultimately, hopefully drive down costs. And so we started talking and collaborating with them and they said, "Let's give it a shot."

**Shoshana:** Yeah.

**Tim:** And so that was... [18:00] that was July of '17, they're our first client, and we didn't have people would receive the care, if they would welcome it or not, right? So, I mean, we were kind of flying in the dark. And it worked very well. And since the 2 and a half years that followed, we formed some pretty important relationships, probably the most important was a strategic relationship with Lucent health. But fast forward 2 and a half years, we have 170 clients, and 150,000 lives that we're providing some element of support for. So, it's been... it's been pretty remarkable.

**Shoshana:** That's crazy growth. Congratulations.

**Jim:** Thank you.

**Shoshana:** So, Tim, I know that you're quite passionate about helping people learn how to take better care of themselves, both physically and mentally. We were talking about that backstage.

**Tim:** Yeah.

**Shoshana:** I believe, you know, part of your... maybe part of your awareness came from these issues with... with the strain that you had both with, with you and your wife being caregivers.

**Tim:** Yeah.

**Shoshana:** And tell us a little bit about what that was like.

**Tim:** Well, you know, I spent a lot of time Certainly over the last 10 years, but really focused on it the last 3, 4 years of my life, really targeting for myself, but... and in many ways, what I found works for me, helping people to understand the importance of taking care of themselves physically, which leads to taking care of yourself mentally as well and the stress factors involved. I think that it's... it's so important to take care of yourself and... and to forgive yourself for a lot of things. You know, we all have things that we need to look in the mirror and forgive ourselves for. And forgiveness is such an incredible tool and incredible part of life and it's so empowering. Because if you can learn to forgive yourself for things, it gives you so much room forgive other people with things, and it certainly gives so much more room to accept forgiveness from other people, and which is a huge deal. And that's wellbeing, right, that's how you... how you really are there for other people. That's how you can be more present for other people. You know, it's so important for yourself, it's important for your family and for your friends for [20:00] caregivers to be able to do that for themselves and take care of themselves so that... I look... I'll use the oxygen mask theory a lot. I'm a pilot so it always connects with me when you're on an airplane and they say, "If... you know, if the depressurization happens in the cabin and then the oxygen mask should dropped, place it over yourself first before you place it on someone else's." And that's because so you can be upright and able when you need to take care of your kids or the person next to you. And that makes a lot of sense in life and a lot of ways all the way through it. Take care of yourself, take care of yourself physically, mentally, especially if you're taking care of other people because it gives you so much more presence for the people that need you see.

**Shoshana:** Jim, backstage, we were talking about burnout. So, among, you know, clinical staff, it's a huge issue. We know the rates of burnout are huge in this country. And it's something that you guys are working to solve. So, tell us what... what your team is doing.

**Jim:** Yes, you know, burnout, especially in the palliative space, obviously, it's a difficult job. I suffered burnout honestly, and I didn't want Narus to continue to contribute to it. And I didn't take care of myself probably in ways that I should, maybe still, but we definitely didn't want to overextend our team. And so one of the things that we've done, we do several things to try to make sure that we're taking care of our team for the reasons that you just stated, but one of the things that we have done is... is looked at... at the individual team member level and our system and were able to see the... not only the number of cases, right, because you can have 5 patients that are wonderful, and you can have 5 patients that are just, you know, exhausting, and you both have 5, right? So, we look at the number of patients that our care team is taking care of, but we also look at the conditions, the medical complexities, and then we... we actually go a step further and look at the psychosocial issues that we're helping those folks with. And then I think the real kicker that we do is that every team member can actually go in at the patient level and rate subjectively I... that they think that this person is, you know, fairly easy going [22:00] or a lot of work and so forth, and we're able to look at all of that in the system to make sure that everybody's working within their... their capacity.

**Shoshana:** Yeah.

**Jim:** And then over time, we continue to learn what... what is it that makes one case more complex or more demanding than another case? So, I'm anxious to see where it goes, but that's how we're doing it right now. It's kind of like a little barometer type of thing.

**Shoshana:** I love that, you're kind of learning in real time as you go too, you probably have a lot of data. So, you've said that you you've code for things like social determinants of health or, you know, what... like whether or not some as a caregiver at home, right, and really incredibly important stuff. So, put another way this is like the real life stuff, right, that so much of the country music that I love is... is about. And yes, it's true, I'm a huge country music and Tim McGraw fan.

**Tim:** Right on!

**Shoshana:** Tim is this... is this part of why you were drawn to join the Narus team?

**Tim:** Absolutely. And, you know, I'm... I run a company, I mean, I run a business and I've got a lot of employees. I have a band, I have staff, management teams, a lot of people and they count on me, and we're a family and I count on them. And... and as an employer, I want to be there for the people who... who work for me and I want to be there for their families. And I think that that's something that we should all strive to do more or of. Be there for ourselves, be there for the people who work for us as employers and the people who love us and the people that we love. And I think that Narud such a fantastic tool for that as an employer.

**Shoshana:** So, your service really seems to go outside the box, right? And so you have different thinking about how to provide this care, how to analyze data. I'm interested to know, how far are some companies willing to go in terms of providing the service for their...

**Jim:** Yeah.

**Shoshana:** ... patients?

**Jim:** It's actually refreshing because I think a lot of companies are already outside the box when they're looking at our service just for their... for their people, but especially self-insured. I mean, when people own a company, they want it to do well, and to your point, they want to take care of the people, and so [24:00] they want us to get involved. And we love... we love working with employers, because they're very motivated, they want to make decisions quickly that are impactful. And our team loves getting to

know these different companies. We have all kinds of different companies we serve in different personalities and cultures in those companies. But we have clients now that are actually hiring us to take care of their employees' aging parents. And these are people that are not even on the health plan, but they're feeling the impact of having employees that are the sandwich generation of raising young kids and trying to take care of aging parents that are 1000 miles away. And so they're actually bringing us in and asking us to provide that support to the parents so that they see better productivity and engagement. And it's, I mean, what an incredible benefit to have...

**Tim:** Absolutely.

**Jim:** ... obviously, you know, if you're... if you're working for an employer. So, we're really excited about where that stuff's going.

**Shoshana:** Fantastic. Well, I just have to say I'm thrilled about what Narus is doing. I'm so happy to have you, both of you here today. We look forward to following the continued success of Narus and seeing your efforts grow to make a difference for... for people and their families facing serious illness. So, thank you both so much.

**Tim:** Thank you...

**Jim:** Thank you.

**Tim:** ... and thank you all for all the good work, yeah.

**[END]**