

Beyond Lucid Technologies, Inc. with their MEDIVIEW™ SaaS Platform that Works Online and Offline is Delivering a Next-Generation Mission-Critical Productivity Tool that Connects First Responders with Care Facilities focused on Collecting, Storing and Moving Emergency Information – Even When a Network Crashes

Healthcare Technology

Beyond Lucid Technologies, Inc.
1411 Creekside Drive, Unit #13
Walnut Creek, CA 94596
310-625-0979
www.BeyondLucid.com



Jonathon S. Feit
CEO

BIO:

Jonathon Feit is Co-Founder & Chief Executive Officer of Beyond Lucid Technologies.

A widely published marketing strategist focused on the synapse of new media and IT, Jonathon has presented to audiences that include the 2012 Morgenthaler Ventures DC to VC competition, Health 2.0, the mHealth Summit, the Skolkovo Foundation (Moscow), and Young Inventors International. In 2009 Jonathon

was honored to serve as an MBA Intern in the White House Office of Management & Budget (Performance & Personnel Management), where he spearheaded the redesign and re-launch of USAJOBS.gov – the “Face of Federal Hiring.”

Prior to BLT, Jonathon co-founded and published *Citizen Culture Magazine*. From 2004-2008 he was the youngest member of the American Society of Magazine Editors, and in 2005 he became the youngest Faculty appointee in the College of Communication at Boston University. He is a member of the National Press Club (USA), with an extensive consumer and trade publications list. He was a finalist for the 2010 WPP Fellowship.

Jonathon has Tourette’s Syndrome and is passionate about advocating on behalf of individuals with disabilities. Concurrent with his professional activities, and following a short term in the U.S. Army Reserve, he has engaged in scholarly research on the etiology and treatment of psychiatric disorders, including Post-Traumatic Stress. He has presented original papers before the World Congress of Psychosomatic Medicine (2009) and the American Academy of Religion (2004), and edited a textbook chapter on the pharmacological treatment of epilepsy.

Jonathon holds an MBA from Carnegie Mellon University’s Tepper School of Business, and a Combined BA/MA *cum laude* in “Psychology, Religion, and Conflict Negotiations” from Boston University. He earned

graduate certificates in Mediation from the Straus Institute for Dispute Resolution at the Pepperdine School of Law, and in Entrepreneurship Development from the MIT-Sloan School of Management.

About

Beyond Lucid Technologies, Inc.:

Beyond Lucid Technologies (www.beyondlucid.com) makes software to “connects the dots” during the critical moments between an emergency incident and EMS arrival; and between EMS arrival and patient drop-off at the care facility. (Currently this process is mostly paper-based, across the United States and around the world, introducing a multi-billion dollar operational and liability breach-point.) Our award-winning MEDIVIEW™ software is sold to private, public, and industrial emergency response teams. It is first in the industry to incorporate online/offline GPS, telemedicine, and the ability to move mission-critical situational data from the field into the hospital and EMS HQ in real-time. MEDIVIEW’s value is predicated on a decrease in documentation expenses and increased operational efficiency in the ambulance and the ED. The software is sold to EMS agencies, but it is uniquely designed for use by ACOs. Receiving hospitals can access the prehospital data collected via MEDIVIEW™ in near-real time for free using a SaaS that requires zero hospital integration engineering. The EMS field client works both online and offline.

MEDIVIEW™ by Beyond Lucid Technologies, Inc., is a next-generation

productivity tool that goes beyond record-keeping, with a specific focus on disaster management—namely, the ability to collect, store, and transmit data from an incident scene to the “next link in the chain” during an emergency, even when the network crashes. Reliance on network connectivity by responders in the field is a fundamental flaw in the development of emergency technologies; one of BLT’s competitive advantages is recognizing this flaw and exploiting it. MEDVIEW is the only software in the market today that incorporates a patient record, telehealth, online/offline GPS and interoperability in a unified platform that can be used in the field, at HQ, and can transmit the incident record as required. MEDVIEW is uniquely designed for Accountable Care.

**Interview conducted by:
Lynn Fosse, Senior Editor
CEOCFO Magazine**

CEOCFO: Mr. Feit, would you tell us the concept of Beyond Lucid Technologies?

Mr. Feit: We are an award winning IT firm that is dedicated to making mission-critical technologies, particularly those designed to connect first responders with care facilities. We are more broadly focused on the collection, storage and movement of emergency information. We do this in a cost effective manner.

CEOCFO: How have you been able to do things better and more efficiently?

Mr. Feit: We often defer to an advisor of ours based at the University of Pittsburgh Medical Center who has referred to a perception reality gap and has a slide that he shows with three words on it: “Perception. Gap. Reality.” In most of the US, what happens in the field tends to involve a piece of paper, a pen, a clipboard and possibly strip of tape on the back of a medic’s pant leg or the back of a magazine or a latex glove. This is because technology in the field with respect to emergencies has been *beyond* lacking: there have not been companies like ours out there that went into the field, surveyed the field,

talked and interviewed with practitioners along the spectrum of emergency care and tried to make sure that we incorporated Best Practices into everything we built. It required us assuming we did not know anything – and that is something hard anyone to do, it takes discipline and a willingness to suspend one’s assumptions. We went into learning about our product development cycle and learning about our industry’s needs with the assumption that we needed to ask questions. Having been a journalist myself that was second nature as opposed to going in assuming I knew what I was talking about. We listened and took pictures, and asked many questions.

CEOCFO: What were a couple of the biggest surprises?

Mr. Feit: The single biggest of all was that the number-one most frequently requested feature in our industry was GPS technology that is not tied to the Internet, so it will work even when going through “dead zones” or when the network shuts down. In one city, we had a process designer working with us who went into the field and did a bunch of ambulance ride-alongs, then came back and said, “Every rig has a GPS system, but nobody uses it.” Why not? Whenever we ask this question, we get some responses suggesting it may be too difficult to use, too fast, too slow, too small or too big...but the main reason was that the medics lost the power cords, and the process of requisitioning a new one from this particular city was such a pain that they were using their phones instead. Imagine driving fifty miles an hour in traffic and using a handset! A very bad idea.

I do not know if you have read the book *Freakonomics*, but it is a brilliant book. One of the things it teaches you is to think beyond the obvious, challenge your assumptions—the same sort of thought reengineering that getting an MBA is all about. The obvious view in this case was wrong: it was not that people did not know how to use GPS or did not want it; the process of incorporating it into the medic’s workflow has not been attended. Many in the industry utilize GPS tied

to web-based maps, whereas ours is the first tied to a record that uses satellite-based GPS, so that if you are on a truck or in a helicopter and you fly through a cellular dead zone, you can still reroute, whereas if you are using Google maps or a similar system and lose connection, you can’t re-route. Yet, the vast majority of our industry that uses GPS uses network-dependent systems. Why? Because they are cheaper to integrate into software. They take a less-diligent pursuit of technical excellence, and they do not necessarily work. We do not believe in shortcuts; as a group of mentors reminded us soon after we moved to the Bay Area: “Some things take time”...by which they meant disruptive innovation in healthcare, especially.

CEOCFO: How do you reach potential customers?

Mr. Feit: We are in a very manual business, a trust-based business. I have a background in new media, for example, and we try to leverage best practices from other industries, such as taking cues from folks as diverse as online banking and the Interactive Advertising Bureau. Incorporating those best practices, we became the first in our industry to publish prices. In 2012, we were the first in our industries—yet we are small compared with some of our competitors. It took someone asking why they had to go through time-consuming RFP processes to buy what should be simple to acquire. We thought, why not simply be transparent, and if you need a deal, we will give you a deal. But, we can publish a starting point because that starting point is important if you do not necessarily have a huge budget or a ton of time to engage in negotiations. We try to short-circuit the most inefficient parts of the direct sales process. But we’re still in a trust-based business, so we go out and meet with our clients, whether at conferences or in their offices or sometimes even in the street: If we encounter medics or firefighters on the side of the road waiting for a call, we will often go up and talk to them. We ask them what they love and hate about their technologies, and we’ll sometimes ask to connect with their

supervisors; oftentimes they actually invite us to do so at the station. If somebody sees that you are legit, they will follow up accordingly. People skills make for good salesmanship.

CEOCFO: Do you find that the front-line people often have much more of a clue about what should be done than the levels of management as they go increasingly higher?

Mr. Feit: No, it is surprisingly sophisticated throughout. There are different levels of urgency. People on the ground, who are doing documentation, understand their pain points profoundly. People at the higher levels tend to understand those pain points translated into waste or inefficiency or liability issues. If you can solve the usability problem for example, you can shorten the amount of time required to do a task like documentation—which in turn lowers the task's cost basis, so you end up making everybody happy. It took us a year out of our three-year life span to figure out that chain of costs and influences. Again, it is not a quick process—there are not any shortcuts, because it simply takes enough time to encounter and engage the many people and circumstances that must be taken into account.

CEOCFO: On your website it indicates that you have zero integration engineering required for your systems. How are you able to do get everything to work the way it should over many venues?

Mr. Feit: The key was an embrace of open data. We are one of, if not *the*, first in our industry to embrace the notion of open data with the exception of HIPAA requirements and other elements that need to be shielded and encrypted. If you happen to go to the Thought Leadership page on our website (www.beyondlucid.com), which is the last tab along the top, you will see that I wrote a piece for *Forbes* called "A Manifesto on Inneroperability in Healthcare IT." The thesis was that many of the problems we encountered in terms of health information exchanges, electronic health re-

cords, inneroperability, and so on, are not technical in nature. They are business problems. They are the result of very large companies that have made a great deal of money, wrapping their arms around data and saying, "Mine, mine, mine." We buck that trend. By allowing critical information to flow through the system that is conducive not only to more efficient patient care but also operations, we have gained many allies. Think what it would be like if care facilities could access prehospital data and use those data to make their operations more efficient, getting patients care-for faster and more safely. And on top of it, the EMS providers who will ultimately buy the system and use it in the field will enjoy the hard-cost of reduced paperwork, overtime expenses, more efficient staffing, and so on. Build technology to make that

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model real and you have just made both sides of that spectrum happy with a single solution. It is about finding value and bucking the trend. It was our chief medical officer—Dr. Mark Wittman, MD, MBA, MPH—who very early on told me that if we were going to pitch our technology, whether to EMS providers, hospitals, or government supervisors, we have to have hard cost and hard revenue numbers to back up our objectives. We found those and it has been responsible for much of our traction with people whose nonsense meter is enormously high.

CEOCFO: Are some industries more receptive and do you find government agencies more or less receptive?

Mr. Feit: No, there is not much difference but that is intentional in terms of what we are trying to solve. We

found—uniquely among our cohort—that the use case and need is almost identical whether you are talking about a public fire agency, a private EMS agency, a hospital that runs its own EMS agency, or a company that runs an in-house emergency response team. We have found the documentation, the liability exposures, the idea that if you miss something someone can get hurt and someone is going to have to answer for that—those types of problems are the same. Having testimonials from an authority in one area translates quickly to other markets where they are essentially looking for proof points for how to solve a problem. If the person who is testing the system's value happens to be a fire chief, and the person who is working at an oil and gas company as an in-house medic moonlights on the weekend as an EMT for a local public

agency, they probably speak the same language. There is a sense of equivalency, which goes back to the trust-based nature of our business. We find naturally that the sales cycles are different across industries, so the business imperative is understanding how to pitch. For example, a private company may prefer a direct sale whereas working with government involves

contracting and disclosure and what-not. It takes times but there are ways of making things work. We have been building this business for a while, and think we came into it with eyes wide open.

CEOCFO: Are there tweaks you would like to add to the system?

Mr. Feit: One of the lessons we have learned is that one of the most profound missing pieces from the emergency services technology industry is that people forget to ask, "What is possible?" What would we be able to achieve if we did this, or that. When you look at emergency services you are talking about people who are very military oriented, they follow orders and protocol. There is a certain inertia that sets in. But the trend is changing, and quite aggressively. One thing that we have been incredibly excited

about is that we have been showing people that better is possible, cheaper and faster and smarter are all possible. As a result, people are starting to ask what we can do and how we can do it and sometimes they even ask if they can help move the ball forward. We have had agencies around the country offer to be testers of our technology.

CEOCFO: Are you looking outside of the States?

Mr. Feit: Yes, we are, actively. For us, the US is a vital market but the US has other players in the space. Emergency response and disaster management are basically non-existent in much of the world. Whether it is earthquakes, tsunamis, hurricanes, cyclones or terrorism events, in much of the world if there is any service at all to deal with such incidents, the responsibility tends to fall to the military. It tends to be a large-scale, slow process. There are some places with a sophisticated EMS service—Israel, for example, is still the best in the world, the unfortunate height of emergency response sophistication (it is an honor I am sure they wish they did not have). Much of Europe is fantastic. There are a couple areas of the world that we are focusing on becoming regional hubs of emergency care, where we have seen transnational patients traveling sometimes across many hundreds, if not thousands, of miles for emergency care. Those places are where technologies like ours—that focus on telemedicine and situational awareness—can be very helpful. If you

know that you have a patient coming in by air and they are an hour-and-a-half away, you can prepare your team much more effectively, rather than finding out you have a critical patient that has been traveling for an hour and is now six minutes out and you are not ready. The scary thing is that this happens here in the US today, too. When we look at our ability to port the same technologies that we have now to the international marketplace without much technical effort, the expansion opportunities are very exciting.

CEOCFO: Does Beyond Lucid Technologies have adequate funding through your next steps of growth?

Mr. Feit: We do, but we are always on the lookout to expand our network of partners, investors, and team members. Like every small company, we are on the lookout for people that find what we are doing inspiring and want to help us get there faster or more robustly. Asking for money is a time consuming process, but it is my job and I am happy to do it. We just brought in some very exciting investors including John Blank, former SVP of Emerging Business at United Health Group, who has an angel group that invested in us. We have received an investment from Carnegie Mellon University, friends-and-family money, and an NIH grant. We have been bootstrapping, but at the same time, we are incredibly cash efficient. Now the major focus is sales. We have innovations in the pipeline but we are going to focus on building the business and building

stability and enterprise value. Since we won the DC to VC competition, we have a rocket ship on our back. It is thrilling and humbling that people are starting to really “get” us.

CEOCFO: What should investors and people in the business community remember most about Beyond Lucid Technologies?

Mr. Feit: I often say, “There are easier ways to make a buck than working in the emergency services industry”, but the work we are doing has personal relevance; you can read the story on our website. Every person on our team has a reason to spend an astronomical number of hours building this technology. We are devoted to it. We hope that investors, partner-clients, or members of the public will look at us, ask, “What is possible?” and engage with us. When a Hurricane Sandy or Katrina hits, or following an act of domestic terrorism or an industrial disaster, we see again that we are an ecosystem that has to respond as such. There is no way any one group can save and protect everybody. All along in this industry, most competitors have gone it alone and tried to do the opposite. But we think that if you are in this business, you want to make peoples’ lives better by making processes so much more efficient. We want to work with people and partner with them whether that is financially or technologically so that we are all stronger, safer, more efficient in unison than we would be separately.

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