

CareYaya: A Revolutionary Approach to Elder Care

The Sandwich Generation Survival Guide, Season 3, Episode 1

Candace Dellacona: Welcome to the Sandwich Generation Survival Guide. I am your host, Candace Dellacona, and I am super excited to welcome today Neal Shah and Sydney Rosbury from CareYaya. Welcome guys.

Neal Shah: Thanks, Candace.

Sydney Rosbury: Yeah, thank you for having us.

Candace Dellacona: Oh gosh, I am beyond excited to have you. So just to give everyone a little bit of background Sydney, one of our guests reached out to me recently on LinkedIn. Because of my background in doing estate planning and elder law and saw the Sandwich Generation Survival Guide podcast and thought that I should know about an entity called CareYaya.

And, candidly, I hadn't heard of it before and Sydney and I had the most amazing discussion about this alternative to traditional home care. And I am really excited to share with our listeners, guys, all about CareYaya, what it is, and how it's this really incredible, remarkable social experiment which is mission driven, that I love so much, created by Neal.

So I'm going to let you guys go ahead and introduce yourselves and tell us a little bit about you.

So Neal, why don't you tell us a little bit about you, and how we got here, and then we'll go to Sydney.

Neal Shah: Sure. Yeah. Thanks, Candace, for the opportunity. A quick background on myself. I grew up in North Carolina, which is where we started CareYaya but I actually spent most of my twenties and thirties living in New York City. I have a non traditional background for caregiving. I actually was in finance.

I started my career doing investment banking in my early twenties. By my mid twenties, I went into the hedge fund industry. And, I was good at the work and generating very high returns. So I became a partner at a multi billion dollar hedge fund when I was 27. And actually drove really high returns on investments across healthcare and technology.

And by my early thirties, one of those investors backed me to start my own fund. So I started that with 10 million. And by the time I was 35, I got it up to 250 million. And I was managing money for university endowments, charitable foundations, pension funds, et cetera. So it was really rewarding experience.

And I was good at it. And I used to work really hard at it. And then kind of out of left field, I became a caregiver and starting my early thirties, a secondary for my grandfather through dementia and kidney failure and end of life care. And really I saw, I was the person in that family helping a lot of the care navigation side because I'm the researchy person and but my mother, bore the brunt of the direct care and it was my first eyeopening experience in how broken the care industry is, just how difficult it is to get care help the reliability the quality of the care, kind

of the industry structure where the caregivers aren't getting paid much as a result, they're often burned out.

I became like somewhat obsessed with the care industry through that experience. And after he passed, I was looking into, okay, how can I invest in this industry through my fund and back people who are doing good things in it, but it was really hard to find. And then unexpectedly at the peak of my fund career at 35, my wife became severely ill and went through years of a difficult cancer battle.

And I was the primary caregiver because we were living in New York City and, our family, her family's from Michigan, my family's from North Carolina. It was we were dealing with on our own. And, I kept taking sabbaticals for my work to manage her care. And, at that point, it was a firsthand experience where when you can't get good care help and you can't get respite you feel guilty and you end up doing a lot of it yourself.

And, I over time realized that might influence the outcome. So after several sabbaticals, I made a difficult decision to wind down my fund, which was like a very heartbreaking and painful experience when you've dedicated almost 15 years of your career to doing something and you've gotten to near the top of the field to just walk away.

But I thought it would make a big impact on the outcome. So became her full time caregiver for a couple of years. Pleased to say, knock on wood, she finally had a successful outcome and has now been in remission for a few years. So it's been a positive journey from that perspective. And then we actually, even more positive, we actually had our first child after the whole experience.

So we have a happy and healthy four year old baby daughter. So that's been really cool. And then as as part of that journey, I, relocated back home to North Carolina just to be near family.

And once my wife recovered I started CareYaya.

I was like, I've experienced the problem now secondhand. I've experienced it firsthand. I've looked at it from an investment standpoint. This is a half a trillion to a trillion dollar industry, depending on how big you count as like caregiving for someone with serious illness, or that's aging, or if you count just home based care, but the industry is growing, it's going to double in the next 10 years with our aging population.

It's I can't believe there aren't good quality, reliable solutions. There's a huge workforce shortage. There's minimal technology. The industry operates in like the 1980s, 1990s. So I thought there was a huge opportunity for innovation and social impact. And I was like. Okay. I'm a smart person, but I finally now in the middle of my life found something that gives me meaning and purpose.

And I've talked to so many family caregivers for just burning at both ends, trying to make things meet and that was the genesis of starting CareYaya so

Candace Dellacona: You've said so much, Neal, and I think while you were talking, what I was thinking about is that, that old adage where necessity is the mother of invention, right? And you

combine those things with, as you point out a passion and a talent, right? Here you are a person who is really in the finance world and entrenched in that world, but none of us are immune to the human condition and caring for our loved ones and that's the genesis of CareYaya. And, I think that's a perfect segue to talk about who Sydney is and what her role is with CareYaya as a student.

Sydney, you are a brilliant University of Michigan student in the healthcare field looking to establish yourself one day. So obviously a very intelligent young woman and tell us how you came to CareYaya and what your role is with CareYaya.

Sydney Rosbury: Yeah, thank you, Candace. So I am currently a senior at the University of Michigan. Last year, particularly around the summertime, I was looking for a summer job, and I had known that I wanted to do something caregiving related, but I wasn't really sure which population of people I wanted to work with.

Previously, I had mostly worked with neurodiverse children, and I had a lot of fun doing that, but I was hoping to expand my age range that I've worked with, and there was no better opportunity than CareYaya, which I actually found out about through my neuroscience major advisor. He sent an email, trying to recruit students in the health related fields to join.

So I joined there, and all summer long I got experience with different elderly people in the community. Some of them were couples, some of them were like retired professors, retired just all kinds of professions, and it was really, really interesting to work with them. And I myself do have octogenarian grandparents.

So I, not to say I didn't have some experience caregiving for the elderly. But it's really, it's been a really cool and fulfilling experience to see all of these people from different walks of life and how they have very different perspectives on the world which is a really, I wasn't expecting that at all the diversity that they have and how they see the world and how they think the world should run.

Candace Dellacona: I think what's really important to point out is that what Neal has created is really a connection.

So for our listeners, CareYaya isn't a home care agency. It's a really revolutionary Organization, if you will, that connects college students, like Sydney with for me as someone who is advising families every day on long term care and being able to, what we call age in place, with your own surroundings in your own home, something like this is truly remarkable and unique in the marketplace. Neal, tell us how you came up with the moniker CareYaya.

Neal Shah: Sure. And also thanks Candace for explaining what CareYaya is because I totally realized I forgot to explain it, but yeah a couple of things I think, came up with the name because we wanted something positive, and just like playful and fun and techie, because we realized a lot of the care industry has names that allude to the later stages of life or potentially death, and we're like, okay, we want to make aging and just caregiving more fun as it can be. So it was just the word, Ya, twice. But it also Yaya, means grandmother in Greek. Yaya, also means caregiver in Hindi and Swahili and Thai.

So it has like this double meaning. And then we thought y-a-y-a is a great acronym for you are your advocate. Which would be like the future of self directed care. We thought that the care industry just has several break points where there's multiple opportunities for innovation where booking care is very inconvenient.

A lot of the local care agencies don't have price transparency. You have to call and get quotes. You have to have somebody do a home visit and sign contracts. It hasn't really caught up to 2025, that we're in now.

Meanwhile, you look at things like food delivery, like DoorDash or getting a ride, like Uber, it's so convenient and streamlined.

So in our case, the innovation is really multifold of could we deliver a online booking experience that you can spend less than two minutes to go online, fill out a few basic things about yourself and your loved one. And schedule and book caregivers right away. Then could we do something that's much better than care.com or other online players where all the vetting and background checking and interviewing of the caregivers is done for you and you just simply put the days and times you need and you're like given someone and then could we do something where the caregivers are all off a niche population that is much better than what I think is in a traditional care industry.

Which are wonderful college students across America who are not only in top universities, but who are aspiring to future clinical careers and graduate programs. So they have a really vested interest in doing a good job. So think about pre meds, nursing, pre physician assistant, pre physical therapy.

These are students that, yes, they can get paid through the program, but they're not just doing it for the money. They're doing it for the career experience and like career development. And then the final thing is we do it for no fees, so we absorb all the costs on the technology and the bookings, which has been like an interesting innovation, initially it was just bootstrapping and funding it, but over time we've had social impact funders, but, pleased to say that when a family books care through CareYaya and on average they're paying 20 bucks an hour.

The full 20 goes to the student. We're not even in the middle of the transaction. So it's unbelievably streamlined for students earning good income and families paying what in most markets is 30 to 40 percent lower than prevailing home care rates, which is awesome because a lot of people can't afford industry that does a lot of markups.

So yeah, there's multiple kinds of innovations,

Candace Dellacona: And to that point, Neal, and for our listeners, I think what's really important to note is that as people age and particularly they need help with what we call the activities of daily living, those activities are not skilled services. So traditional insurances don't cover assistance that one might need to stay independent. Whether it's, bringing food or help preparing food or that companionship that can sometimes be missing from a senior's life. And because of that, families, as you point out, Neal, are spending a huge amount of money paying privately because traditional insurances do not cover this type of care, which is companionship care.

And enter in someone like Sydney, who, I may be a little biased having gotten to know her a little bit, but as you point out, Neal, you have these brilliant college students who have a zest for life, and they're coming in, and you're making this connection across generations, which is really so remarkable and kind of beautiful experience for both generations. Sydney already has a fondness for her grandparents. So why not expand that? So Sydney, from your perspective what do you see, can you, without obviously revealing any any information about your particular assignments, but share with us a great example of what you might do with one of your seniors on a daily basis.

Sydney Rosbury: Yeah, so there's actually, there's a decent amount of freedom. You can balance the things that need to get done, and then also the things that they want to do that bring them joy within their activities of daily living. For example, if someone were to be, visually impaired or hearing impaired, I can help be that extra set of ears, extra set of eyes, to help them navigate tasks around the house.

Sometimes it's as simple as putting socks and shoes on, helping guide them to the bathroom to brush their teeth and do their personal hygiene things in the morning. But I can also help with meal prep, light cleaning, taking out the trash. In Michigan, in particular, in the winter, I do not want any of my clients going outside in the ice, so I'm always like, I will take your trash out, I will do anything that needs to be done outside. I'll salt your porch, anything like that, just to make sure that they're living in a safe environment, and that they're able to do the things that they love, whether that's watching TV, reading, knitting, I have some clients who I've done woodworking with and doing those activities that they really like with them and they enjoy teaching a younger person too.

Candace Dellacona: As somebody who is getting older and being a member of the sandwich generation, Neal, we're always in search of finding the way to make sure that we age with grace and our loved ones age with grace, with dignity and not to disparage institutions and long term care facilities because certainly there are examples where they are absolutely necessary. You point out as somebody who studied the market, if you will, finding this dearth this real sort of vast emptiness where there weren't these options.

Can you tell us maybe what the difference would be between hiring, let's say, a home care attendant versus a student and why it almost can be the same thing and, inform everybody?

Neal Shah: Yeah, sure. And great question, Candace. I think that there's like a spectrum of care needs, and I think, people have to make the decision that's right for them, but I think that, so we did, we're backed by the AARP. We've received funding from the AARP Innovation Labs.

And age tech collaborative from AARP and as a result of that, they brought us under their fold and given us a lot of access to their research. And one interesting research that they have internally is that cumulatively of the amount of hours cared for people above 65, 61% is people with companion level care needs. So 39% have a higher acuity, clinical or subclinical needs and those we cannot address with college students, right?

But 61 percent is a large portion of the 500 billion current home care market, and that is something that I think is ripe for innovation because the costs are just too high. So for those people, CareYaya can serve as a wonderful alternative because in the traditional home care industry currently the cost of care, let's just say if you're booking, traditional, 40 hours a week

because the sandwich generation son or daughter might be working and you want somebody around mom or dad.

Current cost of home care right now is pushing \$65,000 per year for that. So if you think about it that's unaffordable for a vast majority of the middle class, even the upper middle class, right? Because most people don't have, 100k plus of pre tax income just to spend on that or tons of savings.

So there we find CareYaya delivers a similar thing for half the price because all the money is going to the students and there's no fees or markups and even better the money circulating in the local economy. You are literally directly paying somebody's future med school tuition or, physician assistant school tuition.

So it's cool. You're almost getting care for yourself or your loved one while enabling somebody to be set up for a pathway towards becoming a future healthcare worker. So I think that's pretty cool. I think for people who have more clinical care needs, I do think that a lot of the home care agencies are a good viable option.

Because many of them have certified nurse aides and people that can do medication administration, insulin injections, things like that. Those are things that students can't do and shouldn't be doing. So I do think that makes sense. To your point about the institutional and the facility based care, I think there's a need for that in the market because many people don't have the luxury of aging at home.

Unfortunately, no matter how good the facility is, so much research has come out, like near us, Duke University put out a research report about six months ago, and it was the statistics adjusted for every other factor. If you move an older person into any institutional care, life expectancy goes down by three years.

And that's adjusted for like race, income level, you name it, right? Gender or anything. It's just that's a reality, that people really thrive on their independence and, living, in their home. And of course, as they lose some abilities they would like to get help in the home rather than move out somewhere.

And when you move them out somewhere into an unfamiliar setting, no matter how good the care is, just like life expectancy declines. So I think that we're going to have this interesting thing in America where. The cumulative care market is now 1 trillion, which is about 500 billion in home, 500 billion in facilities.

It's expected to more than double with the aging population. So by 2035, it'll be 2 trillion, but I think market share shift is going to be significant that I think the home care part is going to more than double because facility based care is becoming out of favor. And my kind of final point on that is that today's baby boomers, they were the generation that their parents, they saw moving into these facilities, cause if you think about assisted living facility as a concept, it's like a very 1980s, 1990s type of innovation where these facilities spread all over the country.

During that time period. So the boomers had their parents go through it. And then they realized like, Hey, this isn't a great place I want to go to. And then I think COVID kind of destroyed,

whatever remaining shred of reputation there was because the, just some of the outcomes at these nursing homes and assisted living facilities are horrible.

So I think now there's a fear in many of today's 75 and 80 year olds that do not put me there at all costs. Like I'd rather die at home. And then the final thing is a lot of these places that are dealing with unbelievable staffing shortages. I think for a variety of reasons, like the workers have burned out during COVID.

I think they can get better opportunities elsewhere. There's been regulatory pressure from government. So like in our area in Raleigh, Durham, we often hear from people where, okay, mom fell and broke her hip or is recuperating at a skilled nursing home. And I literally, I hear horror stories where it's like the staffing is like 25 to one.

And it's just like somebody hits the button to get a glass of water and it takes them 40 minutes to respond. So believe it or not, people are using CareYaya in the facility. Completely never would have imagined that, but a son or daughter will say my mom's in this place.

We're paying eight grand a month and there's no one paying attention. So I'm going to book students a few hours a day to be one on one, and same, whether it's skilled nursing, assisted living, et cetera. So I think it's crazy. The staffing shortages is impacting people's

Candace Dellacona: Great. And, you just did so much, Neal, to unpack, right? So I want to point out to our listeners that all of the statistics and the research that Neal just referenced. There's something coming called a gray tsunami, which is our population is aging and staying alive much longer than our prior generation.

So we have a huge part of the population that is going to need this level of care. And to Neal's point, I think it's important to note that we want choices as we get older and right now there are less choices. So what you found in CareYaya was providing an option for people to make sure that they can age in place.

And, for our listeners out there, this is not just Neal's opinion. He is very humble as is Sydney. They are backed by Johns Hopkins and Harvard and, really legitimate and cutting edge organizations, including the AARP that advocates for aging in place. Because the level of lifestyle and care you get one on one clearly is better than any institution could hope to provide.

And, Neal, I want to say also that we're in the New York area, and so you talk about 8, 000 a month, that is probably a third of what it costs here in New York City.

Neal Shah: Wow.

Candace Dellacona: So I think that is something worth noting.

So what I'd like to know is, and I'm sure a lot of families would want to know, When a student gets started to sign up with CareYaya, what sort of training or information are they provided about being a caregiver?

Can you share a little bit about that process?

Neal Shah: Yeah, sure. Great question. And that's been something we've continued to add to our offering. So initially, when we started, we had collaborations with UCLA Public Health. So we were offering their Alzheimer's and dementia training videos, just cause online YouTube based videos and curriculum that students could do self directed.

We were also finding many of the students themselves had come in with a CNA or an EMT licensure, and Sydney can talk about that as well, where, they've done that on their own, or they volunteer at a hospital, or they've worked at a hospital those students were already equipped, and then we approached the National Institute on Aging, because they had heard about our program, and Johns Hopkins had heard about the program, and there was this collaboration between them, where they wanted to increase workforce development.

So, we went through this whole process with them where they gave us a grant to build what it's called the Yaya Guide, but it's basically what they call the duolingo of caregiving, which is kind of bite sized training modules to meet Gen Z where they're at. We've been working on that grant funded innovation which is the first AI powered dementia care training program.

Right now, we're, like, been prototyping with students, and it'll be, broadly rolled out over the next few months. But it's been pretty cool where, there's an ability and an opportunity to upskill the students while they're doing it and to upskill them through bite sized modules where they don't want to necessarily all go through a hundred hours of coursework before they go out in the field.

You can give them lower acuity companion level care and then say, watch these one minute, two minute, five minute videos. Where you get a tutorial from a geriatric physician at Johns Hopkins or a geriatrician at Duke, et cetera. And then you learn that way.

So that's been pretty cool. Then the final thing is a lot of them learn from the families as well, so there's like real practical field experience.

Candace Dellacona: I was just going to say too, and then I want to hear sort of Sydney's perspective. I think it's important to know, I think families have a false sense of security that when they go through an agency, if they hire a companion, there is not training beyond what you're talking about, and candidly, the resources that you're talking about are top of the top, and again, another shout out for your being very humble and earnest about how remarkable, CareYaya is in that regard, that it has been, received so many accolades from the National Institutes of Health and organizations like that, that see the need and recognize the This is a viable option everyone.

So Sydney, talk about a little bit about maybe what your training is or what you've learned. And I would like to know if you do something different now, since you've been in CareYaya for a while, and if you are giving those tips to your peers who have joined CareYaya.

Sydney Rosbury: Yeah, absolutely. So like Neal said, there is the certifications list on the app. I believe the families can see it on my profile too. It's at least on my profile when I click on it

where there's options where you can select if you're CPR trained, CNA, EMT, or med tech in my case, I'm basic life support certified. So that encompasses CPR and first aid.

And those were qualifications that I needed for my previous job working with special needs children. So a lot of those initial certifications can carry over, but the memory care modules and the dementia modules are really helpful and especially for people like me who might not have worked with older adults that much before. And then I would say that a lot of CareYaya students have majors where we are learning about these things too. So as a neuroscience major, I'm constantly learning about the new cutting edge things in memory care and Alzheimer's research, dementia research so I can keep those things in mind too as I am delivering care to people in real life.

Candace Dellacona: Amazing. And, I can't as a sandwich generation member, I can't imagine anything better than having this young, bright student who is in the medical field, who wants to be there, who really sees it more as a vocation, a calling, as opposed to a job and, Neal, to your point about the burnout and the caregiver industry, we've seen a shortage here in New York City.

So tell us a little, maybe from the university perspective, you've been able to get these amazing universities on board, and what should a university do to become part of CareYaya or are there students that can get that started in certain cities like New York that maybe you don't have as great of a presence and how would one go about that?

Neal Shah: Yeah, great question, Candace. Pleased to say we are as of the last two to three months starting out in New York. So we started at Columbia University where pre health career advisors usually are like main opening point is when pre health career advisors, biology professors, reach out to us because they realize, and I think this is like an interesting point. It philosophically like even with Sydney's career trajectory and many of the students career trajectory. It has become harder and harder now to get into medical school, to get into physician assistant school, to get into nurse practitioner programs than, let's say, 20 years ago when I was in college, so, as a result of that, many of the students are trying to get a lot of field experience sometimes graduate, and then take one to three years after college to accumulate a lot of care experience and then apply. So the career advisors know that, and they're always like looking for how can I help this student who really wants to apply to medical school, who applies to physician assistant school, by the way, physician assistant is a fast growing field over the last 20 years, right?

And many of those schools require you to have 1000 to 3000 care hours to have a competitive application. Sometimes people, students prefer I need to get to 3000 as fast as possible so I can show I'm serious. Now, mathematically, there's no way to get that stuff during undergrad unless you can do part time, flexible hours, gig economy work, which no one in the care industry is set up for. Except CareYaya.

Whenever the University of Michigan Pre Health Career Advising hears that, hey, here's a way that my students can actually get field experience in what they want to go to, and if they start on CareYaya as a sophomore, as a junior yes, by the time they graduate, they will have 2000, 3000, plus hours, and they can apply straight.

And the grad school will be impressed that they'll be like, wow, this student is so passionate that they went out of their way to do that. And then for the students perspective, it's like, why not do this instead of working at the local coffee shop or doing DoorDash food delivery, right? It's like in line with what I want to do in my future.

So the schools are very welcoming of the program and they're continually telling students about it and they love the feedback. So I think that's been an easy way to expand for us, but of course we're like a relatively small team. So I think when we expanded in New York, we went, Columbia first because they reached out.

We now have a couple hundred Columbia students on actively doing it. That's been really awesome. One of them was featured on CNBC, which is really cool. Like they actually followed her into a care session. That was really cool. And then we're also active at Fordham. And I believe Hunter College we just started, but of course, if you guys know anyone at NYU or any of the other great universities we'd love to expand because like you said, New York is a huge market and sometimes I'm running this in North Carolina, we're always surprised when we go to new markets to realize what the cost of home care is.

And I was stunned. I think in New York, it's averaging like 42 or 45 per hour. It's something unbelievably high, and

Candace Dellacona: Absolutely. And it price was people out of the market almost immediately. And, Sydney, I would love to know, you have all of these hours under your belt and you are a healthcare major. What is next for you? And what experiences from CareYaya will you take in your future profession?

Sydney Rosbury: Yeah, so I am hoping, I'm in the process right now of applying to several different Pre med gap year programs. I would really like to get into one of those because most of them allow a research component as well as a clinical care job and I think that would be a really cool combination to have and it's a combination that's pretty difficult to balance if you don't have a specific program designed for it.

Because if you have a research job, that's going to be a full time job. And if you have a clinical care job, that will be, but some of these allow for both. So that is my goal right now. And I will say that CareYaya has had such an impact on me and I think it's really shown me the importance of treating patients as an individual and as a person and not generalizing care to an entire population because the reality is each person has really specific needs and it's really important to listen to their advocates, whether that be their son, their daughter, their spouse, brother or sister. Because those people truly do know the patient best. And I have so many examples of that, that I've just been really thankful that the CareYaya families are also so helpful, and they are really just hoping for the best for their loved one, and they give me that information that I need.

So it's taught me a lot about care advocacy, and just how to approach a care situation, too, to make sure that the patient's needs are fully met.

Candace Dellacona: You've almost created a runway for yourself and becoming the best caregiver in a professional setting that you can. And CareYaya has brought you to that place. And I think one of the things that you said that is so important is the advocacy piece, right?

That's what we're trying to do with the Sandwich Generation Survival Guide is provide these resources like CareYaya, so that those of us stuck in the middle trying to advocate for our loved ones, whether it's our spouse and Neal in your circumstance, thank goodness your wife is okay. Having the sort of inside view of the limited options and knowing it's not one size fits all and that everyone is entitled to have the care customized for them. And it really should be something that is the norm as opposed to the anomaly.

So I really can't thank you both enough for taking the time to share with us this incredible mission of CareYaya. Neal, do you have any sort of maybe inside scoop of what's coming next other than the amazing technology that you've obviously developed?

Neal Shah: Yeah, actually, I have a very exciting project that's coming next that's rolling out quietly across the country right now, which is regarding people's troubling experiences with health insurance. So as we've all learned, I think it's been a national conversation where, health insurance claims denials have been skyrocketing in the last two to three years.

And we see, of course, like with the United healthcare event it highlighted in the national attention, but we had been seeing it. One, I've experienced it myself, like during my wife's cancer, a lot of claims were denied and I was fighting it for hours and hours on the phone and writing all these letters.

But then we started seeing it in our caregiving population where as Medicare now has been shifted to being administered by Medicare Advantage plans, like over half of the country's Medicare is going through Medicare Advantage, you know, these are for profit plans and they have absurdly high rates of denying claims.

So we're seeing it across populations with, such as dementia such as terminal cancer where routine medications, we're seeing procedures, checkups are being denied, and it's creating a financial problem for people. So, we basically rolled out a new project through CareYaya called the Counterforce Health which is a suite of AI tools which we're just giving away for free to people.

Like we built it as a passion project to automate the creation of well crafted appeals to the insurance companies. And the statistic there was we did a lot of research on this. And really, the problem is of the 49 million people that have had a denied claim within the last year, less than 1 percent of people appealed.

Because most people don't know their rights, or most people think it's too intimidating. How am I gonna write an 8 page letter with medical necessity citations, fixing incorrect billing codes, things like that. They're overwhelmed. They're like, I don't have a brother or sister who's a doctor who can do this for me, so I'll just eat the cost, if I'm denied my meds, I'll pay, whatever, a few hundred bucks or I'll let it go to collections, so or in many cases, if it's a prior auth, people just not get the care.

So we thought this is an outrage. And then when we started talking a lot of the clinicians, they were like, I don't have the time to do this because it cost my staff time and money and an average appeal cost a clinic around 45 dollars to process so that I can only write a few appeal letters once in a while, but not all of them.

So we thought this is a great use case for AI. So we trained AI models using thousands and thousands of examples and case studies of appeals that have successfully worked. And now we've gotten it down to the point where you can upload your denial letter, you can upload your coverage policy, any other backup information, and within two minutes, it crafts a very well engineered, detailed appeal letter with real citations of okay, you had XYZ hospitalization, this is why it should be covered, you're on this XYZ medication for cancer, this is why it should be covered so you give full citations and then we are able to send the appeal letter for you.

And then we built a voice AI agent that can actually call and deal with the insurance company's claim and billing department on your behalf. So these are all like the pain points that people don't want to deal with, or when they're sick, they find it extremely stressful to deal with, or their family caregiver has to deal with.

So these are ways to reduce caregiver stress. So we're rolling that out now and that's going to be like, that's probably the most exciting thing for 2025 is want to improve care advocacy work. And I think our healthcare system is just so broken, like this, my takeaway, it's like screwing over all these people who cannot afford any extra time or financial stress.

And the I'd say technology has been asymmetrically weaponized, by the large insurance companies. And, this is a good time to give people the tools to fight back.

Candace Dellacona: Neal, if we needed any more proof that you're such a good egg using, your skills and your passion and your experience trying to help the rest of us muddle through being advocates.

From the bottom of my heart, thank you so much. And we are going to put all of these resources online.

And Sydney, I just want to wish you the best of luck as you graduate. And as you put forth your applications, any med school or graduate school would be so lucky to have you. And I am sure that, your path has been enriched by so many of the seniors that you've helped. I just knowing you the little bit that I do, I know that you've enriched their lives and I'm sure they've enriched yours.

And for all of those who are listening to this, who's saying, Hey, one way university student would be a great fit for this. We'll make sure to have those resources for you. Any university administrators as well. I'll put you in touch with Neal. But I can't thank you both enough for spending such time and sharing your passion and your mission with us. Thank you so much guys.

Sydney Rosbury: Thank you so much for this opportunity.

Neal Shah: Yeah, thanks for the opportunity Candace. This was awesome.