

Myriad Systems – Using AI to enhance EHR, Billing, Payment Processing and Patient Satisfaction, Leading to Increased Profitability for Private Practices



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CEOCFO: *Mr. Shiner, why is Myriad Systems passionate about private practice?*

Mr. Shiner: It comes down to medical outcomes and healthcare outcomes. I have always believed that there is a place for larger-scale corporations in medicine, and I think it has done a lot of good for promoting accessibility to care. That said, we don't want to lose the DNA of healthcare in this country, of the private physicians and providers, the familial relations they have, treating a family

for decades, the lineage of the children in that family and the connections those relationships create.

The level of care is unmatched when you look at some of the modern healthcare iterations with the surges of urgent care and hospital systems. In these settings, an acute depersonalization of healthcare develops in an industry that is very personal. That is only getting larger in a world of AI and automation. We want doctors who know us, who understand us, who know our medical history and are not just reviewing it two minutes before the encounter. We want somebody who cares. There is such a profound need for that, as well as solidarity when it comes to healthcare, of having a provider who cares deeply about their patients and the outcomes. That is why they become healthcare professionals, their ability to choose their own medical equipment, medications, and philosophy of implementing care versus a patient being part of a large business. Those decisions are largely being made based off the bottom line.

We want accessibility to care and optionality for patients. We don't want a monolith in healthcare. We don't want it to be about the patient going to this hospital, with every urgent care and every practice associated with them, and the level of care is dropped. We want a situation where doctors have a meaningful portion of control of outcomes over patient experiences. Private healthcare delivers that. There is negative press around American healthcare and a lot of public scrutiny right now with insurance payers and pharmaceutical companies.

What is almost ubiquitous with American healthcare that a large part of the world agrees on is the level and the quality of our doctors. So, to go one step further where it is about the patients, well it is about the providers too. If you incentivize providers to take on \$400,000 or \$500,000 in debt to go to medical school, the economics matter and then they are capped on a salary of what they can earn. There is not that upside potential of running a practice and maybe seven figure earnings promised to doctors. Well, the best and brightest may stop becoming doctors. The greatest thing about American healthcare is people come from all over the world to see our healthcare providers. We have some of the best healthcare providers in the entire world, and we would like to see that continue.

CEO CFO: *What do you provide today that you didn't a year ago? Why are there many components in your offering?*

Mr. Shiner: Over the past year, we have introduced or enhanced a number of important solutions that contribute to that mission of working to keep healthcare private and profitable. Everything that you will hear me talk about is to drive connectivity, to streamline and simplify the implementation of some of these tools, which include AI enablement, AI charting, and MyScribe AI. My Scribe AI is a revolutionary system; it is not just an AI plugin or a tool for a large language model to generate clinical notes. It has patents pending, and it can digest data in a unique way, all the way from the original patient visit, the patient's history and contextual data. It understands the history versus today's note and what is being put in it while looking for commonalities. It can understand and digest patient intake and begin to write a clinical note using the patient's intake.

When you really think about the experience of a patient today, and my experience as a patient, you largely go into a healthcare provider, and you fill out physical paperwork, and then you sit with the nurse, and they ask you the same questions again. Then the doctor comes in and confirms those same history questions. They ask if you have been diagnosed with cancer, how many drinks you have per week, and other physical exam history questions, especially on a new patient visit. You are doing that three times and if you think of what is going on, on the back end of that, you have a receptionist or an admin professional taking your physical form and either scanning it in, typing it into an electronic health record, or both. Then you have the nurse come in with a clipboard reporting recording that information and having to answer that later when he or she should be home with the family instead of spending two hours of admin time for every hour of patient care, which is a widely reported national statistic from the American Medical Association (AMA). Then, the doctor is doing a note as well, so they collaborate on it.

"By personalizing AI and giving it a human being who really knows the medical industry, to really review the output, it gives providers a lot more confidence to use AI as an enablement tool, not as a replacement tool. I don't think AI will ever be a complete replacement tool in healthcare. Healthcare is about detail and precision, documentation and being able to focus more on the patient." Jeremy Shiner

There are multiple levels of data entry and redundancy. My Scribe AI can take a patient's history into that patient's intake, then input that information through any format the nurse or provider prefers. This includes template style charting, transcribing, listening to the entire appointment, and then using all those things together. There are many systems that provide aspects of this, such as listening to an appointment and writing a note, taking a prompt and writing a note, or taking a template and writing a note. My Scribe AI can take the patient into patient history, contextualize, and understand who put it in, as well as understand the specialty of the provider. It can understand the patient history and risk factors, make connections and suggestions of codes that the provider could bill to ensure the proper reimbursement rate to ensure compliance. It can make suggestions of diagnosis or remind the provider of a past diagnosis in real time and aggregate all this information in a way using an algorithmic series of prompts to produce the full clinical note and a robust clinical note that has data behind it.

CEO CFO: *What are some of the challenges in putting this together?*

Mr. Shiner: The challenge with AI is adoption. We are a government certified health record management company and because we have so much data, enabling AI is not the difficult part; it is enabling and empowering the users to adopt it. Today, 78% of AI implementations fail in all industries, which is a shocking number. We think of AI as easy; you go to Chat GPT and type into it. Well, in healthcare it is likely higher than a 78% fail rate.

To me, providers are afraid not to adopt AI and to be left behind. They are also afraid to adopt AI because of regulatory and legitimate regulatory compliance concerns, HIPAA concerns, especially in the healthcare industry. But there are fears of AI in many industries. The interesting thing has been to get providers to use it, and we have some real solutions there as well.

CEO CFO: *What else have you developed over the year?*

Mr. Shiner: Some of those solutions to get providers to use AI, are marrying AI to service-based individuals who are being contracted through our MedBill services, certified coders, certified billers, and implementation specialists. By personalizing AI and giving them a human being who really knows the industry, to really review the output, it gives them

a lot more confidence to use AI as an enablement tool, not as a replacement tool. AI is not even close, and I don't think it ever will be a replacement tool in healthcare. Healthcare is about detail and precision. It is about documentation by law and recording what happened. It is about being able to focus more on the patient, and that is the piece that a lot of providers overlook. When you are not so worried about documenting for later, you can focus on the patient.

One of the things we have done to meet the providers where they are is develop a system where they can write hand-written notes as sloppy as they want. You will be amazed at what this can pick up. They just take a picture of it through our system and scan it, and it writes the entire note, and then maps it back to the appropriate categories in the EHR, so that they can focus on the patient. It has ambient listening, transcribes appointments in a HIPAA-compliant manner, and it can use any combination of these inputs to generate notes. Marrying the service to the AI enablement and making the system meet the provider where they are, are two big pieces. A lot of providers still like handwritten notes and are upset that they were required to implement EHR, and we have a solution for that.

The third one is ensuring HIPAA compliance because there are major downstream HIPAA and regulatory compliance concerns with some AI plugins that are passing data back to our language model. Because those large language models do not require a BA or an associate degree, we have hosted our own AI model. It is hosted on our server, fully secure, HIPAA-compliant, and undergoes HIPAA verification and certification annually. We don't pass it to any third-party processes or sub-processors, so we can give these providers a high degree of confidence that their information and patients are protected now and in the future.

CEOCFO: *Would you tell us about your partnerships with Payroc and American Business Systems?*

Mr. Shiner: Payroc is a company that means a lot to us. Their CEO, James Oberman, and I go way back. I see him as a mentor in the industry who I have learned a lot from. Payroc has been able to bring integration and enablement through our software to the next level including automatic ACH transactions to get more payments to patients and including card account updater, so if a patient needs a flexible payment option, they can upload their credit card. If the card expires, they get a new one and it automatically renews it. It keeps payments coming into practice. They have a focus on compliance and security, which is important in the healthcare business. They are investing in a big way in the healthcare space as we are. We are very aligned with them in our vision of where things are going and consolidation of systems and the future of healthcare being all in one. We will work closely on that.

American Business Systems is very similar. It is an institution that trains billers and billing companies. It gets them up and running and is heavily focused on private practices just like we are, and they have the same beliefs. In the first call I had with their CEO Adam, he was echoing a lot of these things about how they believe in private practices and they want to help them get paid, and they deserve to be paid for their services, they need to be paid to remain viable and profitable. We align very much on that.

The billing companies under their umbrella are implementing Myriad at a high level to bolster and help streamline the system itself where they can bill out of it to reduce cost for the providers, reduce the need for nine or ten different service contracts, and could consolidate into one platform. They could have one price point and partner with the practices in that way. These are two great partnerships. One is more of a referral partnership and reseller, and the other, which is Payroc, is a deep integration into our system to enable more business and secure payment.

CEOCFO: *What are Good Faith Estimates - how do they work and how do you help your practices work with it? Why is it important to the doctor/patient relationship?*

Mr. Shiner: This relates to the "No Surprises Act" 2022 federal mandate that requires Good Faith Estimates for self-pay patients against surprise medical billing. What a lot of people don't realize is that this has been coming, and they are working on implementing it through the U.S. Centers for Medicare & Medicaid Services (CMS) and the Department of Health. They are working on implementing it for commercial payers as well. There are logistical concerns and needs to send good faith estimates to payers. What is so interesting about good faith estimates is that everyone is seeing this as red tape, oh it is just another compliance hoop to jump through, and really, we see it as a positive.

What we have always taught providers, managers, and billers is that transparency, at the point of sale, leads to more patient payments and happier patients. It preserves the patient-doctor relationship. The reason being that the number one way a doctor's office loses a patient is by allowing them to owe money. Statistically speaking, one of the biggest

sources of revenue and one of the biggest increases in cost is patient billing. Some estimates note it costs three to five dollars to send patient bills and then they have to pray the patient sends a check in, and if they don't, they rebill them and make calls. They use a lot of admin time to do this. Then inevitably, it ends up getting written off, or they alienate the patient or lose that patient, and now they have lost future treatments, referrals, and even risk receiving negative reviews. By being transparent with the patient on what they are going to owe, not just the copayment but the co-insurance, the deductible, the self-pay add-on, and everything they are going to owe upfront, it preserves that patient relationship. Then you pair that with our enhanced payment capabilities, which we have always promoted as a healthcare exclusive shop, including preauthorization for future insurance balances, and flexible payment options. You not only are transparent, but you are also empowering that patient by giving them more options of payment, and you are not having patients walking out saying "just bill me," or paying a copayment and getting hit with a bill later. It doesn't serve anybody. The patient is not happy to get the bill, the patient is incentivized to go elsewhere, the patient feels bamboozled that they received a bill that they didn't expect, and the provider oftentimes isn't getting paid.

Another big development in the last eighteen months to two years is federally now that they are not going to report negatively on the credit for healthcare debt, so patients are less incentivized now more than ever to pay those once they get behind the eight ball. Our methodology has always been to present them with a holistic, comprehensive, and accurate patient portion and pair that with payment options, so that they are either paying it in full today or they are guaranteeing payment through acceptable payment options. Either way they are not walking out with a balance due. We have produced the copyrighted Good Faith Estimate Patient Option Letter, where we have combined these psychological strategies with good faith estimates. It is so important not only to be compliant, but to drive more payments and payment arrangements at the time of treatment to the practice. We are implementing this nationwide for our providers. It is fully automated through our All-in-one Myriad Health Systems.

CEOCFO: *Is there much competition or any competition for Myriad Systems that is focusing directly on the private care physician?*

Mr. Shiner: It depends on the sector you look at. Like I said, 2025 was all about creating that connectivity between the compliance and the consultation, the revenue cycle management and patient payments, the insurance payments, the all-in-one EHR and practice management system. We really streamline these things together so that they are easy to implement and easy to understand for providers. Yes, we have specialized clinical systems for primary care, and then there is separate competition on the mental health side. We can integrate with those through agnostic integration on the MediPay side, and we can build through those on the MedBill side. We have something for everybody.

If you are not ready to change your system or EHR, we can integrate with revenue cycle management and in some cases AI enablement tools, through your current workflows, with the same protections, compliance, and same guarantees to drive more payments to the practice. In that way, we are not so much concerned about competing, beating the existing legacy vendors, and addressing the status quo. We are addressing the future and what is next. We are hyper focused on that client experience and being a step ahead, and if that means working with another company, as long as it benefits our clients, that is what we are going to do. If they had me taking over and replacing another company, this is something we are more than happy and adept to do as well. We are giving optionality and choice back to the provider.

CEOCFO: *Final thoughts for leaders?*

Mr. Shiner: It is all about connectivity. These are owner operators, so in private practice especially; we want to serve this space because it is unique. They are not like traditional businesses in most cases where they have a panel of executives, and they can sit, research, and make decisions. They are owner operators. They see patients all day. So, it is about connecting concepts together and simplifying them in a way that is ready to use out of the box, and of course there are customizations. The way we have addressed that is with Myriad Motion which is an AI enablement onboarding tool. What it does is just simplify it for providers. It tells them what exactly they are getting and how to use it. It tells them how to set it up in a simple questionnaire-style formatting. They could login on day one and understand how long it is going to take right down to the minute, to set things up. It will tell them exactly what their system will do and set it up to their liking. Then, we follow that up with live training and that service that I talked about, pairing automation and technology with white glove service. We have seen that the outcomes fundamentally change.

The number one reason providers are afraid to change their systems is the opportunity cost and how busy they are. The data mapping and all that is handled through Myriad Systems. It simplifies it for them. In many ways it has defied that

paradigm, and what people see is a sales cycle that is typically much longer. It has enabled providers to be able to make a choice and make it efficiently and without a tremendous amount of sacrifice and opportunity cost. We are excited to not only give them a way to make that transition easier, but to lower the barrier of entry for healthcare exclusive payments, and the integration of working with all other systems in a way that benefits individual practices and benefits the industry at large.