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(570) 851-1745
INFO@CEOCFOCONTACT.COM

INTERVIEW

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- Debra L. Griffin

PPX is the Health History Data SILOs Connector for Interoperability
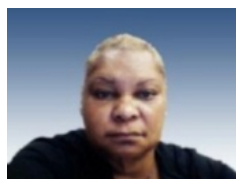
Debra L. Griffin, Founder

PPX-Tec
www.ppx-tec.com

Contact:
601-968-2468
dlg@ppx-tec.com

Interview conducted by:
Lynn Fosse, Senior Editor, CEOCFO Magazine
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CEOCFO: *Ms. Griffin, what is the concept behind PPX-Tec®?*
Ms. Griffin: PPX was developed by myself and our Co-founder, Dean Harrison, as a mobile enterprise that is a bridge to connect data silos with health histories to alleviate information fragmentation in our healthcare's delivery system.

CEOCFO: *Fragmentation in what part of healthcare? In what way?*
Ms. Griffin: All of our efforts were on creating a simple universal application that when integrated system-wide knits together the various and complex data pieces in the healthcare industry's platforms. Being a former patient several times, I perceived that I had given providers, doctors ultimate godlike decisions over my health pathways when dealing with an illness. I felt strongly that I needed to participate in any decision made about treatment paths and that I needed to share in the ownership of all of my health data, past and present to be able to advocate for myself. These beliefs of equipping patients with their health information to become better advocates for themselves or the families started the concept and then the development of PPX.

CEOCFO: *What is in place now? What have you come up with to solve the problem?*
Ms. Griffin: PPX has developed an evolving iOS and Android mobile application that functions paired-one on a patient smart device and PPX integrated into human vendor's platforms to maintain and support database fluidity. PPX output via PDF, Numbers, HTML, XML, CSV transmit via Bluetooth, email, print, and is Cloud ready. PPX is Fully Scalable, Ingests multiple large structured datasets and identifies and manages the relationships between disparate datasets. PPX is FHIR, HL7, NIST and HIPAA compliant in addition to having the extra security of a self-generating token and access PIN. Data is exchanged; whether it is to send or receive and search any human data platform once API is plugged in for data to be dropped on a users' smart device. PPX's unique share screen allows multiple exchange modalities. Users overtime using multiple and various vendor types and provider types can create a comprehensive health record. PPX mobile application function has many hidden jewels that we can't wait to deploy during adoption.

CEOCFO: *How do you get all of your own data onto your own device?*
Ms. Griffin: It takes time. Healthcare is a complex space and the delivery system is fragmented. There are so many different types of providers and provider types and so many different human data platforms. The most notable are electronic medical records and other human data in various other platforms. If you have your data, let us say from, EHR, Electronic Health Records A, but you also went to Electronic Health Records B, you are the caregiver of your father who might have information, his data, at the VA, you can also carry that in that app. Each of these are silos that most don't share and some in limited formats. They are compositors of data, but the data exchange process needs to be not knitted together, but most fluid. PPX is a bridge. You would have one PPX app on a user's smart device and the other integrated in the vendor's data platform. One app is plugged into an API using FHIR and the other app after PPX is downloaded and installed on their smart device. That way, over time and space, you can start collecting your data from almost everyone you seek healthcare and social services from. `

CEOCFO: *Are people willing to do this? As much as they want it to happen, are people willing to make the effort?*
Ms. Griffin: People generally are not interested until they get sick and in need of health histories and or need the same for a family member they care for. There is a population of proactive health conscious folks that PPX will appeal to. However interoperability is a new frontier and this is one of the barriers to get PPX in the minds and hearts of everyone, deployed and scaled nationwide. "Who wants the data?" National statistics say at least 65% of people want to share in the ownership of their health data and histories.

You should be able to have your life saving health data to present for healthcare decisions, review for understanding what specifically has been written by physicians concerning your case. Patients that present with their health histories reduce diagnosis time, errors and can easily get to a quicker, safer path of treatment and reduce over utilization of some tests and procedures which is a cost saver.

CEOCFO: *Has PPX been deployed commercially yet?*
Ms. Griffin: PPX has not been deployed commercially yet. We conducted a clinical trial, which was important to establish that the app functions as we stated and that the users understood and saw its benefit, which was successful and we accomplished our goals. We are deploying into CMS's Blue Button 2.0, which contains fifty three million Medicare beneficiaries with all of their health data information. We will advertise to attract a portion of those users to download our app and start to accumulate and easily share health records. Our goal here is to onboard a large volume of users and feedback for future development.

We are not in a hurry to prove anything to anyone. We know that our app functions as we say. It is a unique approach to many ways to data exchange. We have an entity that is interested in us in terms of some type of relationship and we have not talked through what that relationship could looks like. PPX is non-threatening to current businesses strategies and formats. PPX is not intrusive to any intellectual property. PPX is a bridge, a connector, conduit where information

flows from one API to users' smart device. Currently, the PPX, llc holds no data. We are not getting your data. Your data remains exactly where it should be, with human data vendor as it stands now and with you, the user, the patient. We do want to explore getting users' permission to share their data through PPX and being incentivized for this privilege.

CEOCFO: *What happens if a medical practice changes to a new system and you cannot access your records anymore?*
Ms. Griffin: The 21st Century Cures Act includes a provision to prohibit providers from blocking data and mandating interoperability as a condition for hospitals to participate in the Medicare and Medicaid programs. Healthcare vendors accepted federal dollars to go from paper records to electronic records and to share health data with all interested users.

CEOCFO: *Are you seeking funding or investors as you continue the development?*
Ms. Griffin: Absolutely! My partner and I bootstrapped PPX's total development. We started this development in 2013. We bootstrapped it, first of all, because we thought that was the best path. However, when you are in a new frontier, people do not get you so easily. It gets aggravating when people do not get you or do not think you are going to do what you say you are going to do or you are capable of producing what say you are going to do.

We are now at the stage where we are interested in investors so that we can scale at a more rapid pace. We bootstrapped, because we are developing in a New Space, New Frontier; Interoperability.

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CEOCFO: *I know there have been many attempts over the years to consolidate availability of records that do not seem to have gone anywhere. Why do you feel that now is the time?*
Ms. Griffin: HITECT Act, 21ST Century Cures Act and federal government mandates. The current healthcare budget is not sustainable. Healthcare spending is the second highest allocation of the federal budget and current health outcomes for many are poor and costly. For the dollars spent, the quality of care and the quality outcomes do not measure up. For many comprehensive health histories information is power; it equips you. With the availability of Google and Apple Apps Platforms and the smart devices, it is just the natural evolution to come to this.

CEOCFO: *What surprised you in the process of getting to where you are today at PPX-Tec?*
Ms. Griffin: No cheerleaders at all! Not even open mindedness to the potential that my partner and I had the capacity or the intellect, diligence or the commitment to follow this to this end. That is what surprised me. We received minimum encouragement. We stayed focused on what we wanted to achieve and believe that we would achieve it at all cost.

Because we are such a small little band of nuts we could change directions or incorporate new development pieces or take things out. We are agile. Our encouragement had to come from our knowing that we were committed and that at some point lives would be improved and at the end of the day, we could say, "Okay, we were right!"

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