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THE COMBUSTION CHRONICLES

EPISODE FIFTY-SEVEN
RETHINKING THE HEALTHCARE EXPERIENCE

HOST: SHAWN NASON
GUEST: BETH BIERBOWER

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Shawn: Welcome to the fifth season of *The Combustion Chronicles* podcast, where bold leaders combine with big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO and founder of MOFI. In these episodes, we'll be exploring the power, influence, and importance of Experience Ecosystems™. To do that, we're bringing together the most unique and influential experience experts in the world for honest conversations about not being okay with the status quo, leading with heart, and getting real about heartsets and mindsets. In case you're wondering, an Experience Ecosystem is the web of people, touchpoints, and interactions that combine to create all of the positive and negative experiences we have in the world. When an organization wants to improve customer experience, they're wasting their time if they're not willing to engage and humanize their entire Experience Ecosystem. It's time to blow up some silos and ignite an experience revolution by putting people first.

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Shawn: On this episode, we have Beth Bierbower. Beth is a strategic leader with more than 30 years of proven executive-level experience in the health industry. She held leadership positions in Coventry Health Plans and Highmark Blue Cross Blue Shield and led the group commercial, military, and specialty benefit lines for Humana and covering 11 million members. Beth retired from Humana in 2019 and is now pursuing her passions of supporting innovation, entrepreneurship, and professional development as a startup consultant, board member, author, and the host of her very own podcast, *B-Time Podcast with Beth Bierbower*. Beth, welcome to the show, and I am so glad to have you here.

Beth: Thanks, Shawn. So I am very happy to be here.

Shawn: For our listeners, you have to know that my time with Beth has gone back almost 10 years. Beth was one of my leaders at Humana. And I am so excited to actually talk about her passions, and what she's doing today. And so, Beth, can you tell us when you first discovered this passion for mentoring people and to develop their careers?

Beth: You know, I discovered my passion when I was actually working with a coach. And she said to me one day, "Why do you come to work?" And I was like, "Well, you know, to do a job." And she goes, "No, no, no. Why do you really, really come to work?" So I really had to step back and think about that. And that's when I said, "You know, I come to work to really serve others, and I really get my greatest enjoyment in helping others succeed." That's why I started spending a lot of time mentoring and

sponsoring other professionals within the organization and helping them build their careers.

Shawn: And Beth, I know you did that a lot with a lot of people within Humana. So, thank you for leaning into that passion and really pouring into people's lives because I was one of those lives that was very fortunate. So thank you for that, and sharing that passion in my own life. We're going to dive in to a lot today. And I don't even know if you remember this, but it's when you brought in Dr. Gordon Hewitt when I first heard the term ecosystem. And you were really passionate about building this ecosystem, within our work. And it's so influenced my life that we now actually call it, at MOFI, an Experience Ecosystem. And so part of what seems to have made you successful is that you are always curious. And on the *B-Time Podcast* is a perfect example of this and how you create an ecosystem. You get to interview leaders from across and beyond the healthcare industry. Why is it important for people in healthcare to always be surveying the marketplace?

Beth: Well, Shawn, thanks for that question. And I have seen your work around the Experience Ecosystem and would certainly encourage any of the listeners out there to take a look at what you've developed because it's absolutely amazing and spot-on in terms of consumer experience. So kudos to you.

I think it's really important that you do survey as a leader or any type of professional, that you're always trying to look around corners and see what's happening. It's important to have a broad view of the ecosystem, not just be in your own swim lane because as you know, Shawn, what happens over here on the right impacts what's happening over here on the left, right? It's like when a butterfly moves its wings, right? It can create, you know, a ripple and an impact on the other side of the world so they say. And I think it's really important, then, for you to really understand as a professional in any industry who the players are, what their needs are, what their end game is so that you can have a better understanding. And I think it's just important in general as an individual who wants to grow in his or her career that you are intellectually curious, ask questions, read about things. Look at things outside your industry, not just on the inside of your industry. Shawn, as you know, in healthcare, it's notoriously slow for adoption, right?

[00:05:23]

Shawn: Yep. Yep.

Beth: And you have to really look outside at maybe some other industries that are much faster in moving to be able to get some ideas. I always used to tell my associates, "I'm not so much worried about the big competitors, who I'm worried about is that group of people that are operating out of a garage right now trying to fix pain points that we're not addressing."

Shawn: Yeah. And I actually quote that a lot because I remember when I first met you in one of the first meetings when you said, "We need to be worried about the 18-year-olds in the garage, not, you know, the big behemoth insurance companies." So you've been quoted too, Beth, for saying that the healthcare industry lacks a connected continuum. And paraphrasing that, the thing intended to provide a relief, technology is often making it worse, not better. Are you seeing anything that gives you hope that trend will reverse and that ecosystem will change in healthcare?

Beth: I am. I mean, there are companies out there that are really trying to simplify technology. I think the most important thing is that when developing anything, whether it's technology, a workflow process, a protocol in an organization, a script for a customer service representative, it's really important to understand the jobs-to-be-done theory that I really like to follow. It was really popularized by the late Professor Clay Christensen. And it's really all about, what progress are people trying to make in their lives? And if you can really understand that, then I think what technology you bring, whether it's an app, whether it's some other type of device, whether it's a new protocol or workflow, you can really then help them simplify their lives, help them get to the endgame that they want to get to. And as we think about this in healthcare, oftentimes we think about, "Oh, well surgery, they have to have surgery." Well, that's really not the job to be done. The job to be done is to be able to be pain-free so I can get down on the floor and play with my grandkids.

And when you look at something from that perspective and you're developing a new tool, a new technology, that's very different than looking at it from a surgical perspective. So I just think it's really, really critical that as the people are developing, they are looking at the progress that people are really trying to make. And there are companies out there. You know, Shawn, one of the things I have the wonderful opportunity to do is to work with startups now. And they're just so neat and such bright people out there that are really thinking about how they can bring really simplified applications to the table that maybe a senior can use. You know, as an example, I love what's out there with all the voice technology, right? Alexa, Siri, and more. Because oftentimes, it is really difficult to use technology the older that we get. But the human voice is the original operating system, right Shawn?

Shawn: Yep. Yeah.

Beth: So if you can just say something to Alexa as an example of, "Alexa, order me a ride for Sunday, June 10th," great. I mean, that's a lot easier than trying to pull up a laptop and figuring which button to push and which website to go to. So I do think there's a lot out there that's happening. I really like voice, especially in the senior segment of the population, because then you don't have to worry about detailed knowledge of laptops. Even iPads sometimes can be very difficult the older somebody gets because it's more difficult to swipe, right? So there are companies out there that are really making strides. And I would suggest that even the big companies could make some of these strides if they would also embrace some of these technologies. But more importantly, embrace that view of what's the consumers' endgame? Not what you think it is, but what do they want it to be?

Shawn: Yes. So, in the Experience Ecosystem, Beth, we've talked about some marketplace awareness, and I love that, and I loved your thought. And I want to really dive into the part of the ecosystem around digital experience. And so we can collect more information on people today than at any time in history. And as you and I both know, in healthcare, we've got more data than we could ever use, but we just don't know how to use it all the time. But yet prices are still high and outcomes are still nowhere where we want them to be. What are we missing in connecting the digital dots in healthcare right now?

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Beth: We collect a lot of data as you point out, Shawn, but we don't use it effectively. Just yesterday, I made a call to an insurance company, entered all the information into the IVR. And the first question they asked me is, "Who am I speaking to?" Now, I already entered into the IVR that I was calling about myself and had entered my member ID. So rather than them saying, "Is this Beth Bierbower?" Or, "Please confirm for me that this is Beth Bierbower." They said, "To whom am I speaking?" And I was like, "Well, the person that I said I was in your IVR," right? That's a classic example of us having all the information. I did everything that you asked me to do yet, you know, I didn't get, "Tell me your member ID." So I guess it's an improvement over that, but I still got that question as to who I am.

People want you to take the data...and it's even worse, Shawn, right? When you go to doctor to doctor, you know, sometimes they still bring out that ugly, brown clipboard, right? And you're struggling saying, "Well, didn't my physician pass this data to you?" You know, not too long ago, I was admonished for not bringing a physical ID card to a

doctor's office, right? Actually, it was to an outpatient hospital. So I said, "But you have all the data there, and I'm showing you my driver's license yet you still want to make a xerox copy of my card," right? So I think where we're not connecting the dots is we are not using the data effectively. You know, Shawn, people want to know that you know me, right? So if you're collecting data on me, use it, push it back to me to the extent you can to make sure that you are answering my questions. If you can do that, I can actually self-serve better and we can reduce calls to the call center.

And I think the other thing is show me that you care. Show me that you really understand my concern and that you're really gonna help me out. Because oftentimes what happens is that we miss information. Perfect example is this, I have a sister, Shawn, as you know, I've talked about with special needs. And every year, I get a call from her health plan that ask if they may speak to her. Now, I'm her legal guardian that is on file with the insurance company. And every year they call and they ask for my sister and I say, "You may not speak to her. This is her sister and legal guardian." And they said, "Oh, why can't I speak to her?" And I said, "She's partially deaf so she can't hear you. She has a speech impediment so you won't be able to understand her, and she's mentally retarded." And instead of getting a response to, "Okay, let me figure out how we can help your sister and get an in-home assessment," what I get is, "Oh, okay, thank you," and then they hang up. So year after year, they never use this information that they have on my sister to try to figure out a way to get somebody with special needs that service. But yet that data is sitting there in the system because every claim they get says mental retardation, right? So that's a really good and personal example of where there are lost opportunities. You know, somebody should be looking at that and saying, "Boy, you know what? For five years we've called this person, and they're not doing an in-home assessment. I wonder if there's something we're not helping them with." That's just an example of really showing that you're sort of going the extra length and you're looking at the data that you have in your system to say, "Wait a minute, we need to try a different approach here."

Shawn: Well, and I think that's a perfect example, Beth, of what I heard you saying here. You talk about those inflection points and those moments of influence, and that clearly still today in the healthcare space, digital experiences aren't delivering on those moments, which is mind-boggling to me. And this goes back to how we started the podcast around marketplace awareness. Because my example was just this week, back to what you said, I called American Express. And the first thing they said to me is, "Are we speaking with Mr. Nason?" So why is their system different than a healthcare system is still mind-boggling to me in the digital space.

Let's dive in then to some work around member experience, customer experience. So part of delivering excellent experiences is knowing people's expectations as we were talking about. How have customers' healthcare expectations shifted during this pandemic in healthcare?

Beth: Oh, for sure big shifts. With the pandemic, as you know, the world was really upended. And now you have people that are saying, "Wait a minute, I'm going to be much more cautious when I am going out," whether it's to a grocery store, whether it's to the doctor's office. I think it's going to be a long, long time before, especially elderly people, forget this. And so now they're saying, "You know what? During this pandemic, my doctor came to me via telehealth. My groceries came to me." You know, I would say that Amazon, for example, really raised the bar. While they stumbled out of the gate as everybody did when the pandemic first started, very quickly, they recovered. And for anybody who has received groceries through Whole Foods and Amazon, you see what they've done. They have everything packaged very nicely and sealed because safety is top of concern for consumers now, right, Shawn?

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Shawn: Yep.

Beth: And then the other thing that they've done is, you know, you place your order. You have the opportunity...they'll text you real-time about a substitution so that you can decide whether you want the substitution. And you place your order and within two hours, it's there. They carefully wrap the eggs. They put anything frozen in extra protection. So now consumers are saying, "Wait a minute, I'm used to services coming to me and coming to me in a way that I'm comfortable, I'm secure, and, you know, it's not broken, it's not a mess." So translate that to healthcare. I think I mentioned, I have a father-in-law that will be 92 in a few months. And during the pandemic, he received telehealth services. And it was time for him to go to an endocrinologist, and they said, "I'm sorry, we're not doing telehealth anymore." And we said, "Okay, well, then I guess we'll have to find somebody else that is doing telehealth because we are not going to take him out of his apartment and bring him to your office for a routine checkup. You can send the people in to do blood work, which they will do as opposed to him going to the office. And, you know, we'll find somebody else to do the telemedicine." They put us on hold and got back on the phone in three minutes and said the doctor would do it.

Now, as you think about that, you know, that's an expectation that I as a caregiver, many other caregivers, and many other seniors are saying, "Wait a minute. I've now

learned that I do not have to get in a car, and go out, risk a fall in the middle of winter when it's icy to go to the doctors. I expect you to come to me." And I think we will continue to see these expectations because people really are very concerned about their safety, their physical safety, their health, whether it's flu, COVID, or just risking a fall or risking being out in traffic or having to drive at night as an elderly person. So I think we saw it increase in telehealth. We've seen a dip. But I believe as providers get smarter and smarter and start adding use cases around remote patient monitoring, they're going to start to see, "Wait a minute, telehealth should really be a part of my practice. It should be another arrow in my quiver, so to speak, and consumers are going to expect it." This is why you're seeing such big evaluations for these telehealth companies.

Shawn: Yeah. I want to go there because I know you Beth, and I know that you have opinions about emerging trends. So I want to get your thoughts on some of those. And you started to go down that path with telehealth. I actually believe we had a pandemic in this particular issue before the pandemic of COVID and it's around behavioral health and behavioral telehealth. And you're on the board of the American Telemedicine Association. And while there was that significant increase that you've talked about in the use of telehealth during the pandemic, do you believe high utilization will continue around behavioral telehealth, or do you see that climbing or declining now that we know that it's available?

Beth: That's a great question. I agree that it is going to continue to see high utilization around telebehavioral health, Shawn, for a couple of reasons. Number one, there really is a great need out there. And I think the pandemic really exacerbated some issues that individuals had, number one, and number two, brought on some new issues as people were trying to struggle to do it all. Literally, I was, you know, working from home, you were a parent, you were doing daycare, you were a teacher at home, and it just never seemed to stop. 24/7, you were handling all these issues and everybody was on top of each other in the home. The second thing I would say is I think that people now quite frankly appreciate the anonymity of telebehavioral health as opposed to getting in your car and, you know, going to a doctor's office that says, you know, Ph.D. or a psychiatrist or something. That there's a real stigma, as you know, Shawn, that's still attached to that. And I think when people know that they can do this very discreetly, I think you're gonna see it continue. And the people are gonna continue to open up and be more willing to say, "Wait a minute, maybe I should be talking to somebody about my anxiety or depression that I'm feeling or these mood swings I'm having as opposed to just going to my PCP and asking for a prescription." I really do think that this is a tremendous example of an area that has really been untapped.

And, Shawn, think about all those people not only in rural America but even in urban areas that don't have access to providers. You know, if you go to New York City in the behavioral health area, a lot of people are cash pay only, a lot of these providers. They don't accept insurance. So I could actually be living in an urban area but struggling to find a provider that has either capacity to take me and also takes my insurance. Conversely, if I'm out in rural America, as you know, there is just a dearth of providers. There just aren't enough providers out there. And boy, telehealth for behavioral health really solves a lot of needs. And I think it'll just really be very beneficial. It'll help lower costs and improve outcomes. Because, Shawn, as you know, if I am somebody with multiple conditions, if I have comorbidities, oftentimes, I just get overwhelmed. I'm taking all these medications. I have all these different problems. I go to all these different doctors and depression or anxiety sets in. Well, until you can address that depression and anxiety and help that person feel back in control, it's really gonna be really hard to engage them in their health. So mental health has such a big, big role to play in the overall physical health of a person that I just see that we've only seen the tip of what telebehavioral health can do.

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Shawn: Alright, so I've got to ask you this question because we both have a very dear friend, Sean Slovenski, who was the CEO of Walmart Health & Wellness for two years. We at MOFI had the opportunity and honor to work on that. So we have to ask you about retail healthcare. These retail giants like Walmart and Amazon who have gotten into healthcare, what are they bringing to the table, and how are they shaking up value-based care?

Beth: Well, I have to congratulate you on the work that you folks all did there at Walmart because I think you really helped set them on the right course. And I know they have other great people there like Marcus and others. I think that they are doing exactly what Professor Clay, the late Professor Clay Christensen said. They are trying to develop affordable products for the masses. We know, Shawn, that healthcare is not affordable. And even when you may have coverage, you may have a high deductible health plan. And these are not $250 deductibles or $500 deductibles. They are thousands and thousands of dollars. So to be able to go into a Walmart and get a prescription for $4, to be able to see a doctor for $30 or $40 is just game-changing. And you and I both know that when people can't afford coverage, they avoid going to the doctors at all costs, even for preventive services that might be covered or are covered under their health plans. So if they do have a health plan, if they have a high deductible, they'll even often refrain from going for the preventative services because they're concerned that what if the doctor finds something? Then I can't pay for it. And

the other thing is you and I both know and many, many people out there are saying, "Food on the table for my kids or my prescriptions?" Every day, it's gonna be food on the table for the kids, right?

Shawn: Yep.

Beth: So I welcome these large retailers, whether it's, you know, Walmart or CVS or Walgreens, right? Whomever it is for really entering the market and shaking things up and saying, "No, you know what? We're gonna bring our scale and our business savvy to the table to really help people get the type of care that they need and make it affordable so that they are all willing to reach into their pocket and come in when there's an issue." I laugh. I can't tell you how many scars I have on my legs from when I fell as a kid, right? I was always out running and riding my bike. And trust me, there are a few times I know I should have gotten stitches. But when there are five children in a family and you're feeding a family of seven in total, you know what? It was, "Slap a Band-Aid on it, and you'll be fine." So, you know, I know there are a lot of people that are really not getting the care that they need and these types of retailers are really trying to change the game. And I think it's great, and I think it will help others step up their game. We know Amazon's coming, so, you know, it'll help everybody raise the bar a little bit.

Shawn: I love your perspective. So most of our health professionals get in the field to care for people. But they can suffer from compassion fatigue and overwork. And they start to focus on mechanics, not people. So the entire institution that supports providers needs to get aligned to a common purpose or as we call it, an Experience Promise™ of excellent experiences for both caretakers and patients. How can we, people like you and I who are thought leaders in this space and in our organizations, how can we help institutions do that?

Beth: I think that as institutions, we need to make sure that we're stepping back and understanding that everyone who's on the front line, anybody that's a professional, whether they're a clinical professional, or maybe they're the unit secretary in the hospital or an office clerk, on the frontline in a hospital or a doctor's office even, they're all under a tremendous amount of pressure these days. And we have to be able to step back and ensure, are we providing them the support that they need to get through this time? As you know, especially those with a clinical background were working non-stop, sleeping on hospital floors, right? Makeshift beds and hospital floors. What is it that as an institution we can do to ensure that these people are stepping back, that they are taking time for themselves, that we are ensuring that it's, "Wait a minute, you've worked enough hours. We know we're gonna have a gap here. But we're better if you

go and get six hours of sleep and come back than if you continue to push on." I think that as other partners in the ecosystem to help providers, how do we reduce the burden that maybe we put on them? How do we reduce the administrative burden that often they face in documentation, right? All this documentation when you have to refer somebody to another doctor or whatever, how do we push technology to do that for them? How do we push technology to, again, use the voice as the original human operating system so that I can record a conversation between the doctor and patient and the doctor doesn't have to sit there and look at the laptop the whole time she is speaking with me, right? Just that is fatigue and burnout, right? Because they can't look you in the eye, and they feel like they're just staring at a computer all day, right, Shawn?

[00:26:38]

Shawn: Yeah. And it's mind-blowing to me the amount of administrative stuff. And I think a lot of organizations in the last two years have had to really look at that through this pandemic. So I love your thought process around that. I'm going to ask you, and this is a little bit of where we blow up some stuff around here. And us being an experiential design group and working with organizations, you were known as one of the healthcare industry's most fiscally responsible and progressive leaders. Can companies invest in experience and see returns on that investment?

Beth: Absolutely, absolutely. What they have to start to look at is different types of measures. And that's where I find the problem is, Shawn. Oftentimes, we are looking at historical measures. For example, and it's a call center, how quickly is somebody off the phone, right? As opposed to was the problem truly resolved? Because I don't care if you're on the phone with somebody for four hours, resolve the problem. That's gonna drive a high net promoter score. That's going to drive an individual re-enrolling in your health plan because you actually took care of them. You actually called them back when you said you would call them back. I mean, how many times have companies implemented those call-back features and people are afraid to use them, right?

Shawn: Yeah, yeah.

Beth: They're afraid to get out of the queue because they're not gonna be called back, right?

Shawn: Yeah.

Beth: That speaks to trust. That speaks to the fact that they've had experience over experience over experience where people promise to do something and then they did

not follow through. So I think what's just really, really important is rethink those measures and think about them in patient terms. We often think about quality in terms of, "Okay, did somebody get out of the hospital and returned to home?" Great. But as a patient, I want to get down on the floor and play with my grandchildren and be able to get back up by myself. That's my measure of quality. So how do we start aligning those measures to what the members' expectations are and not just functional outcomes? Functional outcomes are important, don't get me wrong, but I think they have to be one of several measures that we look at and those have to be some self-reported measures by the individual. Like level of pain as an example, that should be a really critical outcome. It is certainly when you do low back pain and things like that, right? Post-surgery for those types of conditions. But other conditions, you know, people might have pain that they live with. So I just think we need to step back and really think about what those measures are. Did you solve my problem? Did I feel confident? Did I have to call you back again? Those are really important things because what we have to understand is everybody's time is as valuable as ours is. You know, people have to hang on their phone for an hour sometimes to get through, especially on a Monday morning, as we all know when all companies are busy. Their time is valuable as well. And remember, in this industry, Shawn, if somebody's calling you, it typically means somebody's ill. So you should know off the bat that there's a problem. They're dealing themselves with an illness or the illness of a loved one. And they're calling you about a claim. They're calling you about a covered benefit. So if you would just start with that view in mind that, "Wait a minute, we're already starting. Every call that comes in or 90% of them are already starting in a tenuous place because this person may be facing or their loved one may be facing an illness." That should put a totally different perspective on the way we interact with people and the types of things that we measure.

[00:30:24]

Shawn: Yeah, we heard it on a podcast with another amazing leader, Lee Cockerell, that to lead with empathy first. That's what I'm hearing you say. So thanks for sharing that. Those are amazing insights. So we've come to that point, Beth, where we call this The Combustion Questions. And it's three random questions that you have not been given any insight to that we're gonna have some fun with here. So, Beth, are you ready for your first combustion question?

Beth: I'm game.

Shawn: Awesome. So if you were going to start a bowling team, what would your team name be?

Beth: Oh, that's a great question. It would be something with curious in it. The curious nine pins, maybe that's what I would...is there a nine pin in bowling? Do I have that right?

Shawn: Ten pins. 10 pins. But I actually liked the curious nine pins because it's one off.

Beth: Okay. That tells you the last time that I bowled. Because curiosity is just really, really important to me. I think it just helps make you a well-rounded individual. I love to learn. I love to learn about the things inside the industry and outside the industry. And so anything that I would do, I would have the word curious in it.

Shawn: I love it. All right. Combustion question number two, ice cream or snow cones?

Beth: Ice cream. Every day, all day.

Shawn: And what type of ice cream?

Beth: Anything with chocolate in it. So plain chocolate, chocolate with brownie, chocolate chip cookie dough, chocolate, chocolate, chocolate, chocolate.

Shawn: And I do remember that, Beth. I remember when you would have a stressful day, if I could just bring you chocolate, it was a good day for you.

Beth: Yes, sir.

Shawn: I've tried to switch mine to dark chocolate as you have, too, to try to do some things in my head to think that it's healthier for me. I don't know that it really is but great. All right. And the third combustion question is this, what do you think about seagulls?

Beth: Well, I think they're beautiful birds that fly over the lovely ocean. So just their proximity to the ocean just gives me a sense of calm and peace. So I'd say when I think of seagulls, I think of a happy place.

Shawn: I love it. I love it. Well, thanks for answering those three questions for us, Beth. And as we come to the conclusion, I want to make sure our listeners know how to follow you and get information. So can you share with our listeners your website, your social media, your podcast, all that for them?

Beth: Sure. Great. Well, my podcast is *B-Time*. It's *B-Time with Beth Bierbower*. And we talk with seasoned executives, company founders, and other experts mostly around the healthcare industry. So it's really exciting to be able to listen to some of these really smart people out there that are doing really great things. My Twitter handle is

@BethBierbower. On LinkedIn, you can look up either Beth or Elizabeth Bierbower. And I have a website, it's called bethbierbower.com. You can sign up for my quarterly newsletter. As you know, Shawn, I love to learn. So on my website, I have a lot of books that I review. I also do book reviews, some book reviews in my podcast. And, as I mentioned, I do my newsletter, and I do podcast reviews as well. But I do a lot of book reviews because I try to read at least 50 books a year. And so I like to share with people what my thoughts are and whether they're worthwhile from my opinion.

Shawn: Awesome. Well, thanks again, Beth. And thank you for all your years even as a mentor in my life and for some great things that you have taught me. So thank you for being on *The Combustion Chronicles* with us.

Beth: Well, you're very kind, Shawn, and thank you for having me.

Shawn: Thank you so much for listening to this episode of *The Combustion Chronicles*. Let's keep the conversation going by connecting on LinkedIn, Twitter, Instagram, and Facebook.

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