Primary Care Cures

Episode #10 – Robin Farmanfarmaian Part 2

Ron: You know most problems in health care are fixed already, primary care is already cured on the fringes. Reversing burnout, physician shortages, bad business models, forced buyouts, factory medicine, high deductible insurance that squeezes the docs and is totally inaccessible to most of the employees. The Big Squeeze is always on for docs, it's the acceleration of cost in the deceleration of reimbursements. I want you to meet those on this show that are making a difference, with host Ron Barshop, CEO of Beacon Clinics, that's me.

Ron: What does Iran and India have in common? Cuba too by the way. It has scarce resources in where physicians, nurses, and other resources. Their healthcare is sort of forced into a three tier system that rations care extremely, efficiently because they have to. Regional hospitals are capable of treating more than 100,000 plus in these countries. Community centers will treat a narrower condition in tens of thousands, and the neighborhood clinics are intimate with hundreds, that they need to talk to pretty much on a monthly, if not daily basis. They know the children's names, they know when pregnancies anticipated. Care is 100 percent free, but intimacy is 100 percent too. The problem is you gotta wait, and the resources are scarce.

Ron: They don't have the same equipment, and amazing technology we have in America. There's a 2 tier system you can get the best care possible in those countries, you gotta pay more, you gotta pay a lot more but you'll get immediate care, and you'll get premiere physicians, premiere MRI's etc. You can skip the lines. Imagine your neighborhood nurse knows your health intimately. Your kids, your spouse, they have as much time as you need. Diet, exercise, cooking it's all covered. But if you have a baby special test, lets say an urgent care visit is needed, you step up to the community clinic level. It's required... requiring a specialist at the regional hospital.

Ron: Every system has this 3 tiered system in these countries. What do we have here? Well we're waiting for superman, or captain marvel to fly in and save healthcare, because technology doesn't seem to have the answers for us. This is the first time Silicon Valley, or Boston hasn't come in and fixed health care and solved all our problems. Today we're excited to introduce you to Robin Farmanfarmaian. Best selling author, dynamic speaker in 12 different countries. Hundreds of platforms. She's a thought out leader, she's a futurist. No one has a clearer window into the tech world, and I just want to read you some of her bio because it's pretty impressive.

Ron: If you're familiar with the first clip that she wrote, “The Patient as CEO: How Technology Empowers the Healthcare Consumer.” That's what we're going to be talking about today. She has another one, future #1 best seller coming out called, “Talk Leadership, the Formula Approach.” She's been working with entrepreneurs and executives for a

long time, and her primary focus has been really a deal with countries that are going to be in these disruptive technology that are going to literally serve hundreds of millions of patients that are going to have a gigantic impact. She's been a VP at Singularity University, if you're familiar with that. She's been a #1 best seller, she's part of the exponential medicine in a very big way, been the center of it. If there is a technology future superman, or captain marvel, Robin's gonna know about it. So Robin, what can we expect technology to do to solve some of these problems that day to day primary care physicians, or specialists deal with every day?

Robin: Well there are a lot of things coming on the market now, especially in the world of point of care diagnostics. With telemedicine especially getting a huge stronghold and that is going to be increasing over the next few years dramatically. We are going to start to see that you're going to be treating a lot more patients remotely, and for that you need clinical grade data because something like a patient trying to take their own data log all the time it's not going to be reputable. Fortunately, we now have FDA cleared devices that the patient can use to collect data that you can make a decision on.

Ron: What influenced you to start working and studying this area in healthcare?

Robin: First of all I grew up in this, my mom was a pediatrician, and my dad is an IP attorney specializing in biotech and med device. Although, he does everything else but he's an MIT scientist turned IP attorney. I did grow up with this, but it actually was the fact that I am a chronic disease patient myself. At 16, I was misdiagnosed with ulcerative colitis. At 19, I lost my large intestine and had a total colectomy with j pouch. By 26, I was on 80 milligrams of methadone for pain management because they thought I was cured because a total colectomy is the cure for UC. Turns out I have Crohn's disease, so I went undiagnosed with that for 13 years and untreated for it for about 10, except for with opioids.

Robin: Finally, at 26 I took control of my healthcare and got off all the opioids. Ended up finding a new team of doctors, one that diagnosed me correctly with Crohn's and I was remicade and went into remission overnight at that point.

Ron: Well I just got bit by a dog so there... true and I can cross that off my bucket list

Robin: There you go

Ron: Alright, so technology is not going to be superman right away. Is there something coming... let's just say from the patient's perspective that's going make life easier on patients. I imagine a future someday where you have this Jarvis type doctor talking to you with perfect information, it's got a little ear bud and he's like Tony Stark with medicine and he's got an IBM watch and looks right at you and go, "No, no you just diagnosed that wrong. Or maybe you should run this test instead of that one. You're not asking the right questions." Is that in our future, and in our lifetime?

Robin: Well that's actually now. We are seeing that, so in the past 2 to 2 and 1/2 years we've seen over 15 different FDA approved AI software. Most of them exists just to augment

the healthcare professional. It takes complicated numbers like insulin optimization, which is a very difficult number. Or most of them are around imaging analysis, because that's what AI is best at which is pattern analysis so: x-rays, cat scans, MRI's, echocardiogram. These all help the specialist look at these films and come up with a diagnosis, or come up with a plan of action. Except for in one case, there is one AI approved diagnostic out there that does not require healthcare professional to interpret the results, and that one is from a company called IDX and it's for diabetic retinopathy.

Ron: Fantastic, so you can look into your phone and it can make a diagnosis right there on the spot? Cause that's what we're headed?

Robin: That is where we're headed, we don't have that yet especially with things like diabetic retinopathy actually require a complicated hardware exam. So the iPhone can't do that, but we are headed to that. For instance omron, they got approval for their $500 blood pressure cuff watch. This is clinical grade so now you can have your patients taking their blood pressure around their wrist automatically, 10 times a day if they want.

Ron: That's pretty exciting stuff

Robin: Mm-hmm (affirmative)-

Ron: So the patient is going to eventually, not eventually, is currently saying the benefit of AI and their day to day life if they're in the right hospital, or with the right doctor. How soon is it going to be widespread where most doctors are having to do this?

Robin: I would say over the next couple of years, and the reason is not the technology because the technology is there. We have the apple iWatch doing the single lead EKG, there is a shirt from a company called HealthWatch that does an ICU grade 12 lead EKG monitoring shirts. These technologies are here, they exist, there are people wearing them. What is going to make the difference are the rules and regulations, especially around reimbursement. CMS last year they unbundled one code out of their telemedicine codes that allow for patient monitoring that would get a PCP about $720 back a year. Reimbursed just for monitoring your patient remotely, whether that's their Fitbit data, their apple Iwatch data, their dexcom, continuous glucose monitoring data, or what have you.

Robin: This year, 2019 there are 3 new codes just for remote patient monitoring. One's around setting and educating the patient, one is around actually doing the monitoring, which you can have software do for you. So you can pay $10 a year to something like Doctella which was acquired by Masimo, and it will do the monitoring for you and only alert you if there's a problem. There's the third code around any communication that is a result of remote patient monitoring.

Ron: It's incredible. Well you know the sad thing is in allergy we were penalized if we talked to the patient face to face, or by telephone. Those codes just changed for us, so we got a brand new wide opening to treat the patients with more after care than we ever did before.

Robin: Yep, exactly and getting paid well for it. The telemedicine eventually will be probably billed at the same rate as in person.

Ron: You know it makes so much sense because if I live in an urban crime ridden area, if I lived in a rural area there's 70 counties that are considered under doctored in Texas out of 240 counties. There's 33 of those that have 0 doctors, none in those counties.

Robin: Wow!

Ron: I'm not sure Texas is alone, I'm gonna put Texas in the same boat as most states that are not heavily populated. What we have is a lot of space here, and not a lot of physicians, so we rank out of 45th in physicians per capita. We got [inaudible 00:10:20] we're in hospital city, we're a new medical city here in Houston, Texas but you forget maybe 100 miles north of living in Houston, Texas there's not an allergist for 200 miles, or 150 miles, or 100 miles.

Ron: I'm not just talking about specialist, I'm talking about primary care physicians that don't exist. So what's going on with telemedicine is you can now treat those folks. I was at a doctor's house, and she has probably the most successful practice in Arizona, you know her husband. We've both met him. She puts on a white coat and in the end of the day she's already seen 25, 30 patients. She's pretty tired. She puts on a white coat, and she does about 10 telemedicine visits with the white coat on, and I think her pajamas underneath. Her income is up substantially because of that extra work, but she also feels like she's doing the patients right by taking care. Some are driving, some of them are shopping, some of them are waiting in line. They can basically get in a doctor visit just about anywhere so why not bring care and convenience at the same time, right?

Robin: Oh, absolutely! I would tell you as a chronic disease patient myself, and as you know I work in biotech and med device. I don't want to go to a doctor's office because going to a clinic means I'm exposed to infections disease, and I am immunosuppressed. These are danger zones.

Ron: Two questions on the statistics there are these. The number of people do not actually require doctor visits. 70 percent of all the 16 to 17, I'm sorry the 220 million patient visits that happen that CMS records every year, 70 percent are unnecessary in office visits. They can all be handled by telemedicine. Number one.

Ron: Number two. 1% of all people that have telemedicine offerings in their plan use them. Is it gonna grow? It doesn't have to grow by much to double, and it doesn't have to grow by much for it to double again and again. If it's going to be an exponential growth, telemedicine is going to be it. My employee's virtually all use telemedicine because I don't want them, A, going to work sick, or number 2 not going home when their not well, or number 3 showing up and they don't feel great and they're just not really there. I'm paying them for wasted time. I would rather, they call a doctor, or if they're worried about their kid have them to take a doctor. Call their kids' situation in, and they've had pink eye 3 times before, this ear infections happened a million times, and just get it

handled over the phone and not sweat it. Just get it your life handled with a doctor by telephone, and they love it.

Robin: Absolutely! This is a technology that is going to dramatically explode, and telemedicine actually has been around for decades. The reason it is suddenly going to explode again goes back to those reimbursement policies, and the rules and regulations. When you look at the VA, the Veterans Affair office, last year it hasn't even been 6 months yet as far as I know. Last year these boundaries between states came down, they were erased which means you no longer need to be licensed in the state you're practicing medicine with regard to telemedicine if you are a VA doctor, and you have a VA patient.

Ron: That makes so much sense for the larger care doesn't it. That would solve so many problems.

Robin: I always thought that was ridiculous as a non-physician. Why do they have to actually go and take the boards again? That doesn't even make sense, when you get an MD, why are you subject to the different state laws? Patients, we do not understand this. Especially when it comes to things like telemedicine. I have to get on a plane to go see doctor at mayo? No, I want to be able to do that from my apartment in Palo Alto.

Ron: So what do you think the future Robin's of the world that had these chronic conditions, do you think you guys are not gonna slip through the cracks as much because they can wear a shirt or a ring, or watch, or some other device, or use a telephone for God's sake that allows them to quickly get to the bottom. Or maybe Watson is listening in and telling the doctor, “No, no it's gotta be Crohn's. She's talking Crohn's right now.” Do you think the future Robin's are not gonna suffer needlessly for, what, decades almost.

Robin: Yep, oh absolutely! It's not even going to need the patient to actually take a huge role like you would think, like right now. In the next couple of years with things like voice technology, we are going to see an explosion. Right now we're seeing hospital systems starting to use voice technology in the patient rooms. Cedar Cyanide, Northwest, they are both prototyping them this year like Amazon, Alexa type things. We're seeing it being used at Mayo, at Boston Children's Hospital, and these are just the beginning.

Robin: By 2022, it's expected that about 55% of US households are going to have at least 1 smart speaker in their house. We are going to start using those smart speakers for health care, and over those smart speakers hospitals, like mayo are actually working on voice diagnostics. They actually found a relationship between voice, and CAD.

Ron: I found a list of all the innovation's mayo has made in healthcare, it's 134 items long and it covers everything you can possibly imagine. Mayo is at the forefront of everything, a good friend of mine just got in with mayo and it's like I said, “You just got the bell cow of all bell cows to start your company.” I love hearing when mayo is behind something. What are you most excited about for the next generation? What is life gonna be like in 5 or 10 years for the people in their 20s now that are gonna be raising kids, and a family that they don't have today?

Robin: We are all going to be censored up, give us 10 years and we're going to have subcutaneous sensors, we're gonna have sensors in our clothing that are gonna be able to give us at least early detection if not clinical grade detection of things so that we catch things considerably earlier. We all know stage 1, and stage 0 medicine we have our best shot in any type of disease or disorder.

Ron: But you're not talking about I have to gutter the fat, and get a chip inserted in my shoulder, right? You're talking about different kind of sensors?

Robin: Essentially, yes! In Sweden right now, they are chipping you right by your thumb, I think that's where they put it in. There's a lot of people in Sweden that have been chipped, and this is subcutaneous and this is for finances or ID type chipping. Take that one step further with things like dexcom, and Abbot's freestyle libre on the market we're already doing CGM's using interstitial body fluid. Take that one step further, actually there's a company that has one that you can actually just put in. It's a chip that does CGM, continuous glucose monitoring.

Ron: I'm someday gonna have the chip in my thumb that's gonna allow me to pay my parking meter?

Robin: Oh, yeah that exists and they're doing it in other countries.

Ron: What should, if you had a billboard, that billboard say about the future of healthcare and how said technology may be a superman for it?

Robin: It's continuous, constant in home monitoring of different numbers, whether it's your pulse oximeter, or your blood pressure, or your EKG. You have constant alerts on your body, essentially a check engine light.

Ron: Where would I go, Robin, to read more about, learn more about how I should be a better consumer, a better patient?

Robin: First of all, all my writing! There are lots of different options, you can follow things like mayo, or MIT media lab, or partners healthcare, they're all putting out huge amount of content on some of the cutting edge things that they are doing.

Ron: I gotta tell you I handed your book, “The Patient as CEO: How Technology Empowers Healthcare Consumer.” I gave that up to certainly dozens, maybe more people and mostly doctors and they certainly appreciated it. That book is out of date the second you print it, everything is moving so fast in technology it's almost hard to write a book that's not edited every couple of months.

Robin: Exactly, so my goal actually with that one I'm gonna do a refresher on it with similar type content but all the new numbers next year. I'm gonna start writing that. But the basic concepts are all still the same. While technology is moving very, very quickly the basic underlying foundation of what's possible, and what's being done is still the same.

Ron: If I'm a physician, now you tell me how consumer can read all about Robin's books. If I wanted to be a physician keeping up to date on what's going on technology wise, where do I find the short read? I don't have a lot of time.

Robin: That's why I would say, act like a patient. Look at these same types of things, you don't have to go on what the white papers are doing because a lot of the times if you're trying to re-read stuff about white papers, it may never make it to market. You know, if it's coming out of mayo and they're already putting it in patient rooms, or it's Boston Children's Hospital and they're already prototyping voice for surgeons following what they are doing is really educational.

Ron: I know you're smart enough to answer all these tough questions with really intelligent answers, but I also know you're really smart because it's easier to find you than having to spell your last name. How do somebody find Robin Farmanfarmaian online, or through your website? What's the best way to find you?

Robin: Yeah, I am the only Robin Farmanfarmaian in the entire world. Anytime you google something like, Patient as CEO, it will come up with me. My website is RobinFF.com, and I'm on all the major social media channels for our age like Linkedin, Instagram, and Facebook, and Twitter. I am not on TikTok, I'm not Generation Z. Just reach out, anytime! I'd love to hear from people.

Ron: You're telling me that generation Z disrespects Twitter now cause it's not cool enough? So now they're on TikTok?

Robin: I don't even think Gen-Z ever even knew Twitter existed, that's more professionals. It's people that are out of college are on Twitter, I think but yeah TikTok I just learned about that because my 11 year old nephew's on it. Otherwise, someone my age probably wouldn't have heard about it.

Ron: Robin thank you for your time, we appreciate it and we look forward to our next interview with you.

Robin: Thank you!

Ron: Thank you for listening, you want to shake things up? There's 2 things you can do for us. 1, go to primarycarecures.com for show notes, and links to our guest. Number 2, help us spotlight what's working in primary care by listening on iTunes, or wherever you get your podcast and subscribing, and leave us a review. It helps our [inaudible 00:21:19] more than you know, until next episode.