

Primary Care Cures

Episode 46: Dr. Devi Shetty

More famous in India than DeBakey and Cooley are in the US, meet India's Finest Cardiologist, Now Available for You

Ron Barshop: Most problems in healthcare 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 and 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 Barshop: So we are supposedly in the midst of a fearsome physician shortage, especially in the likes of primary care and nursing and psychiatry because the silver tsunami is daily adding 10,000 Medicare enrollees for eight more years, every day. That's a lot of pressure on the system. There are only three reasons that this is hooey, and we'll talk about the other two another time. But if you're concerned about primary care physician shortages the first reason that this is hooey is that these exact fear tactics were touted 20 years ago. The exact same shortages that were predicted today, 20 years ago, are now being predicted 20 years from now.

Ron Barshop: But you know what rescued us? Foreign medical graduates. The most elite students from India, Pakistan, Mexico and Nigeria, and many other countries will make \$20,000 in their home countries in primary care, but if they come here they can do much better. So they come here in droves, and they hit a roadblock, which is the second reason why shortages are artificial, slotting for residency. We have 32,500 slots for medical school graduates, and 11,000 military slots. That leaves the likes of about 23,000 pediatricians alone from other countries waiting to get slotted for 5,000 slots for medical graduates. So, I'm throwing out a lot of numbers here, but the bottom line is there's a lot more foreign medical graduates that already have English equivalency exams behind them than we have slots for.

Ron Barshop: So, we have tens of thousands of well trained physicians that are at the top of their game, at the their top of their training, and they're not allowed to practice in America because we have slotting issues. And that's a problem because what I am seeing, in Houston at least, is they're getting exploited. They will work at a clinic, at a wage of maybe \$30,000 ... Now, remember these are physicians that are licensed in their countries waiting to get licensed here properly, and they're making \$30,000, which is a little more than a medical assistant. It's not really right.

Ron Barshop: Houston I'm sure is not alone as an example that bills them out at full levels, but charges them what a MA should be paid. So, again, slotting is really an artificially bad, or an artificially narrow way to reduce the amount of physicians that are available when we have literally tens of thousands waiting to practice in America. And the beautiful thing about foreign medical graduates is in the last 20 years, they've filled the rural slots that we need. They've been filling in the geriatric patients that most folks don't want to serve, they're going into internal medicine. They're going into areas that a lot of American doctors are not going into so, they're filling primary care slots that otherwise wouldn't be filled.

Ron Barshop: So, again, there's three reasons why we have artificial shortages in some positions. Foreign medical graduates is the easiest answer for that problem. Today, I cannot wait to introduce you to somebody that is sort of the DeBakey or Denton Cooley of India. And I'm from Houston, so DeBakey and Cooley are sort of religious icons in this town. But India generally the difference between when you're famous and India when you're famous in America is India has the population of America plus a billion people. So I'm very happy for you to meet Dr. Devi Shetty. He's a world renowned cardiac surgeon and I would dub him a quadruple threat.

Ron Barshop: No, he doesn't act, sing and dance and do comedy. No, he hasn't won Oscars and other stage awards. Here's what Dr. Shetty has done though, he's won the Ernst & Young Entrepreneur of the Year award. He's founded 32 hospitals in a group that performs one in eight heart surgeries in India. He's personally done 15,000 heart related surgeries. You heard me. And he teaches cardiology at the most prestigious medical school based in Bangalore, India. He's also pioneered these five things, number one, the newborn cardiology minimally invasive cardio surgery, highly complex cardio surgery. He's introduced telehealth to India and micro health insurance for the poor. So let's recap. Dr. Devi Shetty is a surgeon, an academic, an entrepreneur. And the reason he's on the show today is because he's also a pioneer who's disrupting things.

Ron Barshop: So let's talk a little bit about the fourth threat, the Cayman Islands is the host to one of his hospitals. And, according to Dr. Robbie Pearl, is one tenth the cost for the same cardio surgery that you'd get here at the fine

hospitals. But and I say, but with better outcomes. And this is not my words, this is Dr. Robbie Pearl. And Dr. Pearl was the CEO of Kaiser Permanente for 23 years, so there's that. And it's not equal cardiology. I'm going to repeat, it's better treatment and better results, that is disruptive. Why? Because the Cayman Islands is a one hour flight from Madonna in Miami. Oh, wait a minute, she's in London, so forget about that. Anyway, Dr. Shetty, welcome to the show. So glad to have you.

Dr. Devi Shetty: Thank you, my privilege. Thank you Ron. Thank you.

Ron Barshop: Do you ever sleep? I'm trying to figure ... You've had four children, you've done 15,000 surgeries, and if I do the math, that means you're not sleeping at night.

Dr. Devi Shetty: No, when you love your job, it doesn't become a job. It becomes like the most entertaining part of your life, or the most joyous part of your life is work. So I love working. Yes, I work 16, 18 hours a day and I enjoy it.

Ron Barshop: Yeah, your vocation and your avocation are blurred lines is what you're saying.

Dr. Devi Shetty: Yes.

Ron Barshop: Okay so the two questions I have to lead off with are really one question, but they sound like two. The first of the two is we are so proud in America of our cardiology, and of our surgeries, and of our outcomes for cardiology, but one of the leading thought leaders in America said that your healthcare is better than our healthcare, number one. And the second half of that, and it's the same question is, but you cost about one tenth of what it costs in America, which means that our beautiful cardiology suites and cardiology results are not scalable across the world. Is that true?

Dr. Devi Shetty: I think the setup we created in Cayman Island has extremely skilled doctors, mainly because they are all coming from India. For your information, in US a very, very busy cardiac surgeon when he retires at the end of maybe 35, 40 years of his professional life, he would have done about 2000 to 3000 heart surgeries in his entire professional life. And we have, in our system back in India, surgeons who have done more than 3000 heart surgeries and they're only in their early 40s or late 30s. It's because of the volume of experience, what they get. And you put all these people together in a wonderful setup in Cayman, they can do amazing things. Healthcare is all about the passion, skill, and the technology.

Ron Barshop: So what have you done that is equal to, or better than American cardiological technology? Because he's gone there. He's done a site visit, and he said it's better. It's not equal to, it's better. What is different about

cardiology with Indian medicine versus American medicine that makes it better?

Dr. Devi Shetty: The first issue's about the number of procedures done by individual doctors. We are all technicians, as you keep on doing it you get good at it. And the second thing is the cost. Cost is very important issue. Now, why we are affordable, I'll give an example. If I have to run this hospital in US I need to hire a adult cardiac surgeon, a pediatric cardiac surgeon, a vascular surgeon, and a thoracic surgeon. Four specialists I need to hire, if this hospital is located in US. Whereas in Cayman Island, I sent one surgeon, who can do adult cardiac surgery, pediatric cardiac surgery, vascular surgery, and thoracic surgery. Then, you can imagine the cost saving because none of these doctors will have so much practice than the hospital [inaudible 00:09:24] just commission. So this is how we are able to save the cost.

Ron Barshop: Here's where I think your growth is going to come from, and I'm not saying anything you haven't heard before, but most of the insurers in America are coming from self-insurance. Meaning a company like, let's say, Kroger will take its 30,000 employees and they'll take the risk on themselves for a cardiac event, cancer, car accident so the high risk, they might farm that out, but they also will take that risk on themselves. So that's called self-insurance. They, in other words, are taking on the cost of a Mayo Clinic, or an MD Anderson to do the heart surgery. And if they discover that you exist, and can do medical tourism with an equal or better result, and you're doing that right now and you can communicate that, there's almost no reason they'd want to do this in America. Almost no reason. Can you think of one reason other than just general prejudice, or a misunderstanding?

Dr. Devi Shetty: [inaudible 00:10:28] the employee-healthcare relation, it's essentially a public relationship building exercise for the companies. So companies do not like to suggest to the patients that flying to Cayman and to get this surgery, or whatever treatment is done because today they can afford to get it done in US. But if the financial situation is not very good, in the end, the financial realities prevail over everything else. Things are going to change. This change hasn't happened yet, mainly because US still has the money for all the extravaganza. God willing, it should continue like this, but for whatever reason, when the money dries up lot of innovations happen. And people will be forced to innovate, yeah.

Ron Barshop: You said something important though. So, let's say, the Chief Medical Officer has a nice relationship with his assistant and she has a cardiology incident, and she needs surgery. And he gently suggests to her, you should go to Cayman, and get this taken care of. And she's going to say, "My father got treated across the street over here at this hospital locally." What

you're saying is he's not in a position ... even though he's the check writer, he's not in a position to suggest she get surgery with you. So it's almost a [dis-association 00:00:11:49] between the proper payer and the customer. That's what we as a problem for you?

Dr. Devi Shetty: Yes, you're right. Yeah, we anticipated this, but one thing Ron, rich people always follow the path beaten by the poor. Initially it is uninsured people who pay out of pocket. These are the people who live in facilities outside their country, and in a country of their comfort mainly because of the financial difficulty. But it is a matter of time before all the others also will join, yeah.

Ron Barshop: So you're not, I'm assuming, operating at capacity or in theory you could be adding more doctors and adding capacity, but how much time do you think it's going to take for Americans to wake up to the possibility of seeing your clinic as a solution just like they look at MD Anderson on the same level. Are we a year, or two, or three away from that? Are we far away from that? What do you think? Are we one recession away from that?

Dr. Devi Shetty: I think we are about three to five years away from this. Three to five years. The trickle has started, it's already started quite some time ago, but for the trickle to become a flood, it will take three to five years, yeah.

Ron Barshop: Do you think that the Florida market is the easiest market or that you'll be able to pull equally from Texas, and Illinois, and California, and New York? In other words, is region not going to matter or is the amount of flight time going to make a big difference for people you think?

Dr. Devi Shetty: I think it's the financial reality, Ron. I can tell you that as long as they have enough money to manage themselves in US, they will never leave their country. That's fair enough, yeah.

Ron Barshop: Okay. So, you see medical tourism, and so do I, as really the future. What do you think is going to need to happen in America, besides medical tourism, for us to wake up out of our stupor of this spending too much for our healthcare? Because we're, obviously, at the bottom of our peers for outcomes, and we're at the top of our peers by double for the spend per capita. What do you think is going to have to change in America for us to wake up?

Dr. Devi Shetty: The interesting thing about US healthcare is everyone's ... starting from the highest political forces to the regular doctors and the business people, everyone talks about reducing the cost, but no one is doing anything to reduce the cost. You know, Einstein's definition of stupidity is, you keep on doing the same thing over and over and expect different results. And I

think the US healthcare is more or less it's the typical example to prove that Einstein is right.

Ron Barshop: Yes. Do you see positive things happening to change that? And what do you see is moving the dial on that?

Dr. Devi Shetty: I feel the non-healthcare entities will disrupt healthcare in US. Like I was really excited when I heard Amazon wants to get into healthcare with [inaudible 00:15:06]. So I feel that it's outsiders who will disrupt, not the insiders.

Ron Barshop: I got to tell you that's true. We're watching Walmart very closely. And you think of Walmart and it's a nice discount store to go get your goods. But it's really not maybe as nice as a Target. But what Walmart's doing in healthcare is mind blowing. They are really moving the dial for their employees by taking all the social determinants in, whether that's transportation or childcare, they're taking in the chronic care in a very serious manner. They're going after radiology accuracy in a very serious manner. They're putting together an offering that is so strong for their employees and when they take it out to the customers, and they already are starting, I think they're going to be more disruptive than Amazon. In other words, if there was a race I'm betting on Walmart before the technology giant, frankly, because I'm watching what they're both doing and Walmart is way ahead of the game.

Dr. Devi Shetty: Yeah, I agree with you. I did experience Walmart foundation on the healthcare many years ago. See, the important thing, Ron today, global healthcare, wellness industry is \$8.2 trillion. It is much bigger than the food industry. Food industry's only \$8 trillion. Today, in this world, we are spending more money to keep ourselves fit rather than buying the food for the sustenance. There is something wrong. But what is wrong? It's not just about US healthcare. After spending \$8.2 trillion less than 20% of the world's population has access to safe and accessible healthcare, less than 20%. So if all the policymakers of the country get together and say that, "Look, this is unacceptable. At least let half the world's population have access to healthcare," we do not have \$18 trillion, the world doesn't have that kind of money, and we can't let people suffer.

Dr. Devi Shetty: So disruption has to happen in US or India, or all over the world. It is a matter of time. We are just buying time. And once the money becomes a issue and when the private people start demanding things will change because today the problem, what we face in healthcare is artificial because everyone wants to hold onto their turf. Doctors do not want more doctors to be trained. Hospital do not want less imbursement. Insurance company do not want to pay the hospitals what they deserve. The drug company do

not want to reduce the price, but everyone wants together low-cost healthcare. How is it possible?

Ron Barshop: Well, it seems to me, that we have an efficiency problem. Not a shortage problem of care.

Dr. Devi Shetty: Exactly.

Ron Barshop: It's not as if we don't have enough doctors in India, or America, or even in China. We have a distribution problem. And so let's talk about telehealth for a minute, which is a favorite topic of yours. Well, let me just tell you a quick story. There is a clinic in Arizona that was first on our show, Arrowhead Health, 100% of their patients are on telehealth. Meaning they all have an app on their phone, they all have access to a caregiver. They may not get them right away, but they'll get them within the hour. And that, to me, is the ideal. And by the way, their costs are 40% of their peers in the rest of America, and they're a very large clinic with 150,000 patients. So what they've done is they're using the apps and the telephone to use telehealth to its maximum advantage. And they're just absolutely manic about cost.

Ron Barshop: Are there people in India doing the same thing with telehealth that are able to distribute these doctors over a wider rural area?

Dr. Devi Shetty: I'll give an example. We have 70 million diabetics with [inaudible 00:19:02] diabetes, another 70 million pre-diabetics. And in the whole country there are only 600 diabetologist. Now, we faced this problem in our one hospital in Bangalore. We get over 150 to 200 diabetic patients coming every day. So we collected the data of about 70,000 diabetic patients in our software. And about six months ago we launched online diabetic care with an application with an app called Kaizala, which is developed by Microsoft and our team here. And patients have this app in their phone. They come to the hospital, we collect all their data, do a detailed evaluation of the diabetic patient starting from the eyes to the toes and the heart. And then, we tell them not to come back to the hospital or see a doctor in the clinic for the next one year.

Dr. Devi Shetty: Anytime they have any queries, blood sugar goes up, blood sugar goes down, or any problem. They send a simple message in their app and our diabetic counselors interact with the diabetologist and they advise a patient what to do. And at the end of four months we realized that the blood sugar level of patients who are treated online is better than the patient who insisted on seeing the doctors.

Ron Barshop: Are they getting some kind of a list of low-glycemic foods to eat? What are they changing in their diet so that their pattern of life is better? In

other words, they have to be taking different types of foods in than they were before. Is that what's going on?

Dr. Devi Shetty: Food is one of the issues. The main reason about 37% of the diabetics are on insulin. And some of them check their blood sugar every day. And the blood sugar, the moment it goes up and down it's mainly not because the medicines, they changed their food eating habits. So they would have skipped a meal or overate, or ate some extra sweet. So our counselors are able to convince them not to get into this kind of the binge eating and the non-standardized diet they should follow. So constantly our team is monitoring and, for whatever reason, if they don't send the blood sugar report every week the system generates a automatic message saying that, "You haven't checked your blood sugar for the last 10 days, please check it and report." So, essentially, we are like nudging them and that changes their habit, yeah.

Ron Barshop: Yeah, but I'm doing the math on the number of diabetologists that you have and it looks like it's about an 11,000 ratio to 1 for just the diabetics, not even the pre-diabetics which means that you're using a lot of support staff in the community to do this monitoring and nudging.

Dr. Devi Shetty: It can be easily done because diabetes is a lifestyle disease it's not an acute illness. And we have counselors who are trained for six months, some of them are nurses who are retired, some of them are nutritionists. We educate them and they do a lot, most of the work online. And patient love to talk to these people.

Ron Barshop: Yes. Yeah, you don't need to talk to a doctor to talk about diet, and exercise, and sleep habits. That's really interesting. Well, so it's a support staff function, and the support staff almost become part of their lives, and part of their family almost.

Dr. Devi Shetty: Exactly.

Ron Barshop: Very nice. Well, that is an excellent solution. You're taking a chronic problem and you're treating it with not as expensive staff, but people that actually care and are deeply energized. It's almost a like a movement.

Dr. Devi Shetty: Exactly.

Ron Barshop: Yeah, well that's very exciting.

Ron Barshop: Now, I'm going to assume that if you have diabetes in India like we have here that it's not evenly distributed in all the cities that these diabetologists are. Is there any efforts going on with virtual care where you have artificial intelligence? Because we're starting to see the very beginning of

that here in America where virtual care is, now, actually talking to you like a friend about your eating, and your diet, and your exercise, and your sleep, and all the same things that your counselors are doing that work with the diabetologists. Is that starting to happen yet?

Dr. Devi Shetty: Oh yes. In India, we have gone very deeply into online healthcare and virtual healthcare. Like last one year I haven't visited the intensive care unit to see my patients who I did the surgery because I get the real-time data from the ICU in my mobile phone. Today, I do the rounds lot more times than what I used to do in the past when I used to visit the ICU physically. Every two hours I look at my phone, and I look at the patients I've operated. I can see the cardiac monitor, I can see the blood gas report, urine output, whatever the problem they have. And before I go to bed, I do the ICU rounds. The first thing I do when I get out of the bed is to do the ICU rounds. Sitting in airplane, landing in Miami airport, sitting in a plane with the WiFi connection I do the ICU rounds. And it's an amazing experience. This will dramatically change everything what we know about healthcare. Technology will disrupt everything.

Ron Barshop: You know what's interesting about your job, is that often your customer and your patient are two different people. What I mean is there's an alpha prime buyer of healthcare in every family, it's almost always the wife. And then there's also the alpha user, and that's often the husband who's not as healthy as the wife. If you're doing the rounds and you're talking to the husband who had the surgery done, but it's really the wife that's on top of the situation, how do you do rounds with the caregiver not the actual patient? Because it seems like the caregiver's going to have a bigger impact.

Dr. Devi Shetty: I'll give you a slightly different answer to your question about the caregiver. Like we launched a program called a Care Companion program. Care Companion is when a patient get admitted to our hospital here or in US, in India especially, a lot of the times spouse stays in the hospital with the patient. And legally you're not allowed to allow the spouse to touch the patient and take part in the care. They can't give medicine, they can't do the wound dressing, nothing. But exactly five days after the heart operation we discharge the patient and call the spouse, usually the wife, and we give her one plastic bag of medicine, and tell her to take care of the husband. Five days after the surgery at home. She's lost.

Dr. Devi Shetty: So what we did, we started involving them in care. First, we taught them how to check the blood pressure with the digital BP apparatus. Then, we taught her how to check the pulse rate, taught her how to check the temperature, do the wound dressing, give physiotherapy, everything. There are 12 tasks, we taught her how to do it. And we made short videos and loaded into her phone. And when she went back home, we could

interact with her as if we are interacting with a trained nurse, a medical personnel. Because when we ask her, "What is his output," she knows exactly what we are talking output is urine output, right? And she measures it.

Dr. Devi Shetty: So, essentially, what we noticed is that readmission rate came down by 30%. And four years ago, British Parliamentary Commission, gave an award, a recognition as Care Companion is one of the best patient empowerment tool. So, essentially, we can train anybody as long as we are monitoring them from a distance, yeah.

Ron Barshop: I am friends with many Indian doctors here in the United States, and I think there's a misunderstanding of, first of all, how hard it is to get into medical school. That it's truly the elite of the elite of the elite that even get into the right high schools then, finally, get into the right colleges. Is that high school, and college, and medical school are all one for Indian physicians. Is that right?

Dr. Devi Shetty: Yes. It's extremely hard to get into medical school, yes.

Ron Barshop: But then, it's a five year program and so your residency, your medical school, and your high school are all one unit. You're not going through four years of high school in America. And then, we have four years of college. And then, you have three years of medical school. That's a long time to wait before you're practicing. They take the best and the brightest, and they immediately get them into medical school, and a residency kind of at the same time. So it's a condensed five years, is that about right?

Dr. Devi Shetty: Yes, see the Indians become specialists at a much younger age than Americans because it's very, very time-consuming. I feel it is really a waste of time, yeah.

Ron Barshop: So, I think a lot of people would agree with you. All right, so my second to last question, if folks want to find your surgery center in Cayman Island, what's the website to go to to find you?

Dr. Devi Shetty: Oh, it's called Health City at Cayman Island, yeah.

Ron Barshop: Okay, healthcity@caymanisland.com?

Dr. Devi Shetty: Yes, dot com.

Ron Barshop: Okay. And if they want to find you Dr. Shetty, do you have some type of a LinkedIn, or a Twitter handle that you like to be contacted at?

Dr. Devi Shetty: No, sorry I'm not in any of the social media yet. Maybe one of these days I should, but they can just send me ... they can go to Google and find Dr. Devi Shetty and they can get all my details, yes.

Ron Barshop: Very nice. Okay, and we'll link that into the show notes. And my last question, I always like to ask a stumper question. If you could fly a banner over America, and give a message to Americans about their healthcare what would that message be?

Dr. Devi Shetty: I would like Americans to ask for a foreign company from anywhere, which can offer quality healthcare at affordable price in America. And they should allow that to happen in American reservation areas where the regulations can be different than rest of America. They should get a pilot done by somebody, and show to rest of the American healthcare providers that there is a different of delivering healthcare.

Ron Barshop: Very nice. I would love that too. That's almost like a dream. Well, thank you Dr. Shetty. What a great pleasure to have you on the show, and I hope we can do it again. And we'll be watching the progress, and wishing the very best for you, sir.

Dr. Devi Shetty: Thank you so much, Ron. Thank you.

Ron Barshop: Thank you for listening. You want to shake things up? There's two things you can do for us. One, go to primarycarecures.com for show notes and links to our guests. And number two, 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 megaphone more than you know. Until next episode.