Primary Care Cures

Episode 79: RubiconMD

Ron Barshop:

This episode is brought to you by the MediSearch Institute. What happens when patients cases become too complex to solve in a typical 30-minute visit? Well, we've all had those super thick, super deep patient history nobody's looked at in a long time and gone back through. Well, I'll tell you what happened is those patients bounce around from doc to doc without getting any answers or making any progress. These patients are trapped and lost in a maze.

Ron Barshop:

Well, MediSearch is here for those doctors and for those patients. Their motto is we solve the unsolvable. Their process is rather simple. Dr. Trent Talbot, the founder, assigns a team of medical detectives, typically three MDs and one PhD to each case. They research the latest breakthroughs and clinical trials and they elicit the opinions of 10 to 15 world-leading experts per case. They purposely seek out experts who will come at each case from a different perspective, the Bayesian method. Altogether, they will put in over 250 MD hours for every case. That means 500 times the amount of brain power that typical doctor can afford to offer. Nobody can do what MediSearch. Call 832-968-6667. That's 832-968-6667 to be in touch.

Ron Barshop:

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 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, deceleration of reimbursements. I want you to meet those in this show that are making a difference. With us, Ron Barshop, CEO of Beacon Clinics, that's me.

Ron Barshop:

The shortage of physicians is a myth. "We have an efficiency problem," says Harvard Business Review. Yes, primary care doctors are needed in rural areas and rough urban areas, but artificial intelligence and algorithms targeting well, and using extenders and mid-levels and nurse practitioners with true formal and informal clinical training are answers. According to this article, feds don't reimburse nurse practitioners unfortunately or physician assistants' residency, so it's not even a thing. Versus 650 million a year, subsidizing $60,000 a year physician residents. Direct Primary Care Coalition suggests that, "It's not the numbers. It's the model, stupid," and the transaction centered EHR machine that we have is not an efficient machine. So the business model matters too. I am betting on direct contracting with PCPs plus algorithms smarting patient decisions. So eventually, artificial intelligence to deliver a future where everyone wins with fewer physicians and larger panels is the answer in my book. That's what I'm literally betting on.

Ron Barshop:

This recent Harvard Business Review article is painting a picture of 25,000 patients per doctor ratio. I can't see that happening, but I can see in the next couple of years, 2,800 to 3,500, maybe even as many as 5,000 per provider if you're powering patient-centered algorithms decision support. So giving them the next thing they need to do at home can really expand these panels. So on our show today, a couple of folks that really are an expert at this subject, not just physician extension, but are using algorithms to give the best patient care through to the primary care provider. Gil Addo is CEO and cofounder of RubiconMD, a digital health platform that allows PCPs to access same day Econsults from virtually every specialist you could imagine. Huffington Post's name RubiconMD one of the five companies defining the future of healthcare. Quite a compliment, indeed.

Ron Barshop:

Gil has appeared in ink Forbes, CNBC and Fortune magazine, has been named one of Forbes' 30 under 30 in healthcare, and he received the same honor from Crain's New York Business and from Business Insiders. In 2017 Crain's New York named Gil as their heritage healthcare innovator of the year. He holds a B.S. in economics and biomedical engineering from Yale and an MBA for Harvard. He's no dummy. Carlos Reines, his cofounder is president of the company and in 2019, he was selected as the young global leader by the World Economic Forum. He obtained his engineering degree at the Polytech Madrid with a specialization in biomedical engineering at the Technical University of Delft in the Netherlands. He also holds an MBA from Harvard MBA School. Carlos and Gill, welcome to the show.

Carlos Reines:

Thanks for having us.

Gil Addo:

Thanks for having us.

Ron Barshop:

Great. Well, so is the shortage of physicians a myth?

Carlos Reines:

So one of the things we've [inaudible 00:03:10] in the work we do is that access to primary care remains a challenge across the country. It is not exclusively driven by the fact that there could be a shortage of positions. In fact, we would calculate that about half of the country will struggle with access to care, whether it's because of being in a rural location, insurance or just simple a wait time. So I think that while we will see shortage of physicians being an issue in many places of the country, there are many other factors primarily around the business model and making sure that people can afford getting access to care, which in today's world, seem to be more prevalent. We found those issues to be prevalent, not only in rural settings, but also in urban settings where you may be living next door to an academic medical center or other practices, but lacking the right insurance or the right means to pay for healthcare becomes a pretty high barrier to match the care that patients deserve.

Ron Barshop:

So, Gil, in Texas, we have 254 counties of which 50 have no doctors, another 50 has one doctor. Our three largest counties have the least population and also have virtually no doctors in them. Talk about RubiconMD and how the decision support that you're giving primary care sort of extends them and gives them superpowers so that patients don't have to travel quite so much anymore.

Gil Addo:

Yeah, absolutely. What we've found is that by getting an Econsult, so a very, very quick text-based opinion, you're able to avoid the need for a lot of downstream care and services. So almost half the time when you get the Econsult, you don't need to then follow up and travel or the patient doesn't need to travel to go see the specialist. So that's helpful on both sides because one, you've gotten an opinion in a couple hours versus a few weeks or few months. Two, you're able to avoid unnecessary travel and services for the patient, which in Texas, I have a good friend who said that when she was a child, they used to have to travel two hours to the pediatric hospital to be seen. So you can't for certain subspecialties, and so you can't quantify all the time save for the patient and the convenience. But what you can quantify is the cost savings to the system. You don't have costly downstream services and tests and things that are pretty much all avoided by being able to get that access to the specialist very quickly.

Ron Barshop:

Are there times when you need to have multiple specialists? I would imagine, let's talk about C-19. It's not only a pulmonary affect, but it's also affecting the vascular system in a big way and the digestive system. Are you pulling together consults with multiple specialists sometimes?

Gil Addo:

Yes. I think it's one of the most powerful things about the platform. Patients with complex conditions and several comorbidities, you're able to get several different specialties to weigh in at the same time or several specialists from the same specialty even, and they can have a dialogue. What would probably take months in touring several specialists and then difficulty coordinating and getting notes, can all be done in the span of a few hours with great coordination among the different specialties weighing in. That's pretty powerful when you have cases where the patient does have to have several different areas of expertise weigh in.

Carlos Reines:

Just chiming to give you an example, Chris. You've talked about nurse practitioners before. We're actually, a few months ago on the phone with a nurse practitioner who's a current user of RubiconMD, and she was actually painting the example here for us, she said, "I saw the patient in the clinic and I had questions in the follow up, but wasn't sure what to do. So I decided to submit my question to neurology, neurosurgery and psychiatry. And by the end of the day, I had responses from all three specialists. I could use their input to understand what would my next step in care. That meaningfully changed my ability to do more in primary care. How does that compare to, I'm going to refer my patient out to go see three specialists over the next few months. Half of the time, won't happen. Half of the time, I likely won't get the notes back. This is truly getting me an ability to optimize care for my patient and do as much as possible here onsite while I'm learning."

Ron Barshop:

Yeah. It's almost like a... I love the name Rubicon because once you cross the Rubicon, you never go back. Once you see a system that's this clean and elegant and frictionless, you can't imagine... We actually stepped it out, and we figured out that there's 51 steps to be referred to a specialist in traditional care today. It starts with a 1973 technology called a fax. So it's ridiculous, but that is... You go with a fax and you talk about the driving to and from. You talk about the waiting at, the clipboards, the handing over your cards for copays, getting these bills that are completely confusing after the specialist visit. Then after the procedure and getting your medications, it's 51 steps and that's if it's really efficient. How many steps would you guess that you've got your system down to? It seems like the doctor is essentially getting the consult. Is the patient on the phone too? Or is it just the PCP that's talking to the specialist?

Carlos Reines:

It's just a PCP. So the workflow is the PCP will see the patient and then access our platform. Sometimes they can launch it through their EMR. Sometimes they just access through our web portal. Once they are in the platform, they choose a specialty out of a list with 120 specialties and subspecialties that we cover. They provide a brief description of, so enough information to help the specialist understand what's the relevant background, prior history, presentation symptoms. Then they'll ask a question. They'll share their thoughts and ask a question. Typically, within two to three hours, they hear back from the specialists and that helps them make a more informed decision on next steps. So it does remove a lot of those unnecessary steps out of the process.

Carlos Reines:

One thing to keep in mind and to be current with primary care clinicians is that this requires them to spend more time because they are doing the right thing. They're investing in their patient's care, but it takes a bit longer to figure this out rather than just referring this out to somebody else and making it somebody else's problem. So while this reduces the total cost of care and it reduces the complexity, the wait time and the steps for the patient, it can mean a bit more work for the primary care clinician. That's why in all scenarios, we will advocate for primary care clinicians being given the time, the space and the compensation and recognition for investing more time in doing better patient care.

Ron Barshop:

Okay. So I have a question about who's writing the check for this. Is this the carriers that are writing the check for this? Or is the MD paying a little extra for this? Who is actually your customer?

Gil Addo:

The benefits of RubiconMD from a financial perspective is that you're streamlining care up front. So you're reducing downstream costs in terms of tests that might not be necessary, in terms of visits to specialists that aren't necessary, ER visits, hospitalizations, all of those downstream costs, some of which are avoided upfront, some of which are avoided by getting better care support and improving the care plan. Those all accrue to whoever would paid for those specialty costs. So would we say it's, whoever's at risk for specialty costs, and that tends to take two flavors. That can be the health plan in many settings, but what we're seeing and where we've really been focused is groups that are practicing value based care to groups that are incented to provide better care at a lower cost at the provider level. So that's really who our core client is.

Ron Barshop:

Yeah, it makes perfect sense. A value based care is doing everything they can to keep their costs down, and they would love to get you to be engaged to do exactly that. Boy, C-19 has to really have helped your model fee for service. I call it the walking dead. It's like a zombie land out there because I'm in it. We have allergy clinics in these fee for service clinics, the big ones, small ones, and the volume is down 65%, 75%. So it's just a matter of time before the second wave hits. A lot of guys hanging on by their fingernails and are in really deep trouble.

Ron Barshop:

So value based care makes perfect sense. I guess that's where it's all evolving to and that's going to help your model. So let's talk about a complicated case like a psychiatric visit. There's apparently an onset of a diagnosis in psychiatry or psychotherapy of 11 years between onset and actual discovery. So the human brain is like a... Every case is like a crime scene and your job is to unlock it. So one in five people before COVID-19, had mental illness or mental issues and that number is going to be a whole lot higher. How does Econsult work with something that deeply personal where the PCP has an actually a psychiatrist or psychotherapist?

Gil Addo:

What we've found is that primary care, not only are they not psychiatrists, but they tend to shy away from going too deep with patients that have serious behavioral mental health conditions because if you ask the question and you don't have a way to support the patient depending on the answer, you don't really accomplish anything. What we've found is that being able to provide additional support for primary care clinics that are treating these patients is one of the primary pain points in primary care settings, excuse the pun. But what we've seen is that what you end up being able to do is if you can get a psychiatrist, we have a number of subspecialties, to weigh in early, they can help to guide and inform the care plan upfront. So we have a number of psychiatric subspecialties, geriatric, maternal fetal medicine, several other maternal mental health, several other psychology areas, licensed clinical social workers who can all provide support.

Gil Addo:

What we've done is we've gone deeper and we announced last week, in fact, a deeper behavioral mental health offering that allows really more comprehensive support, including education and additional off-ramps of patient care for patients with behavioral mental health conditions. So we really want to provide within primary care, a full set of support tools and offerings to allow them to manage patients with behavioral mental health condition. We know from what all the data says that cost tied to behavioral, mental health is maybe 5% of the US healthcare system. But patients with behavioral mental health conditions account for more than a third of the cost in the healthcare system. So if you don't manage those conditions well, none of the other physical health is really going to fall into place. So you have to be able to do that, so that patients remain at adherence, so that they make it to their appointments, so that they can manage their other conditions, their diabetes, whatever those other things are. It's really helping to address the root of what a lot of the other issues are that primary care seeing.

Ron Barshop:

So Carlos, Gil mentioned adherence. Is there anything in the Rubicon model, the Econsults that allows for monitoring adherence of the medications in the case of psychiatrist or it could be insulin or could be albuterol? What is it built into your platform to make sure that the meds are being taken in?

Carlos Reines:

Well, in those cases, more so than monitoring adherence where we help primary care clinicians is to understand to constantly get guidance from a specialist on what the next step should be. So they will be managing their patients, how they do it traditionally. But at any point in time, they can reach out to an endocrinology is if it's a diabetes patient, or if it's substance abuse. Whatever the specialty is, they can reach out constantly and get that input from a RubiconMD specialist. One of the things that I wanted to add to what Gill said before is in particular for mental health, because there are so many models. There is all the push around integration of the age within primary care, but obviously different groups are in different stages of their journey. What we've done is we've made our platform very flexible, and we enable the ability to bring your own specialists onto the RubiconMD.

Carlos Reines:

So if you happen to have to be in primary care clinic where you have some access to psychiatry, what we can do is we can bring those psychiatrists on board our platform and prioritize so that if at any point in time there is a question to psychiatry from one of your primary care clinicians, it can be assigned to your local psychiatrist first or mental health specialist first. We give them a time window. If they answer, great. If they don't, then they can fall back to the RubiconMD national panel. That's really how we've been able to find the best balance between leveraging your local relationships because we know healthcare is local,

but at the same time, having to buck up to make sure that whatever the question is, whatever the specialty is, the PCP gets a five star response within the day, which is our promise to them.

Ron Barshop:

So Gill, the defense department has a very interesting credentialing. If you're a doctor and more specialist in one state, you're in all 50 states because they have enormous shortages in the VA and the defense health. We don't have that in American until C-19 hits and suddenly, everybody's credentialed everywhere, which is short term, but it's an interesting fix for your company because you have 120 specialties. You have 50 states. That means you have to have 120 docs lined up in 50 location, 50 states that are credentialed. Do you think that this temporary credentialing, allowing cross state credentialing is going to be expanded beyond COVID-19?

Gil Addo:

Yeah. So first on the way we structured our service, what we did, the reason we created the service that to be... Not the reason, but one of the benefits of creating a service as an information platform between clinicians is that we explicitly make sure that our clinicians on the specialty side aren't the ones practicing medicine. So they don't need to be credentialed across every state as long as there's a treating clinician that's credentialed in that state who manages the patient physician relationship and maintains what we consider the duty of care. That's kind of one of the pieces about Econsults that allows them to remain in that lightweight opinion to support a treating clinician. So that's how we've kind of built RubiconMD and allowed it to scale. It doesn't take away the challenge that you see across telemedicine. It doesn't really make sense for a doctor who's in Boston to be able to see a patient, but the second they travel across the border to Rhode Island, that environment is so different that they can no longer treat and manage patients.

Gil Addo:

Obviously, with the world going virtual, it's started to highlight... Hasn't started. It's really just further highlighted how ridiculous that is that we've put that restriction in place. I don't know that it'll change or make it permanent, but I do know that the guidance that we've had and that folks at the CMS level have indicated is that they don't expect us to go back to where we were. So whether that means we ended up landing, we all know and it's anybody's guess, but we're not going to go all the way back to where we were. At least things around the telehealth parity, which is I think still a huge step forward, are highly, highly valuable for moving us forward. Then the cross state licensure, we probably won't remain exactly where we are today, but I think that there've been some meaningful strides and people will start to see the benefits of what you can do if you just have a more pragmatic system that really becomes transformational for care.

Ron Barshop:

So we talked about downstream costs being saved. Do you actually have some numbers that you can tout since you've been around since 2013 that if you're talking to a large value base, we had Chris Crowe with Catalyst. We're going to have a gentlemen with Village MD in Houston on our show. They're very large groups and value based care groups here in Texas and throughout what. What is your pitch to these guys to have them join the Rubicon platform?

Carlos Reines:

Yes, we have indeed observed a very consistent reporting of outcomes. So what we do is we have primary care clinicians indicate at the end of the consult, they indicate how the Econsult changed their course of action. It's been very consistent across different states, different demographics. Roughly half of the Econsults result in avoiding an unnecessary referral, test or procedure. In primordial cases, we'll work with our partners to quantify that. It obviously it depends on whether we're working with Medicaid,

commercial or Medicare group, but roughly you could see on average, $500 to $600 of savings per Econsult. That means some of them will just be peace of mind for the clinician, and some of them will save thousands of dollars in unnecessary costs.

Carlos Reines:

But very consistently, it's averaging to be north of $500, which is great because it makes the model very sustainable. I think the number one thing we do is help primary care clinicians drive better outcomes. That is first and foremost. What we do, they're able to improve their care plans using RubiconMD, and that is and will remain the goal. Some people say we are able to achieve the same financial outcomes as some of the utilization management interventions, but the beauty is that we are the opposite. We're not the barrier. We are a support tool, helping the clinician make more informed decisions. As a byproduct of that, unnecessary services are avoided.

Carlos Reines:

That resonates really well with value based care organizations because it's not just that it aligns really well with their business model, it's that their clinicians are already in that quadruple aim mindset where they have, to my point earlier, they aren't enabled, trained and wired to do preventative care, to invest in patient care and to optimize for patient experience, outcomes and reduction of the total cost of care. Those clinicians find Econsult very rewarding because it allows them to get better every single day. That's the other very, very important nugget on how we build the system. This isn't a tool to tell primary care clinicians what to do. This is a tool to help primary care clinicians get more insights so they can make more informed decisions for themselves. That aligns really well with value based care. We do work with many of the value based care groups across the country, including some of the ones you mentioned.

Ron Barshop:

I saw that you had Optum Ventures is one of your leaders of the round of the 20 million that you've raised to create your company, which is the largest PCP group in the country. So they have over 40,000 physicians, most of which are PCPs. Then Kaiser Permanente, I guess, is about a little more than half that, but having Optum as a partner and also as a user of the service, I suspect it's got to just be great market validation that you guys are on the right track.

Carlos Reines:

Yes. Absolutely. Having Optum as a partner has been phenomenal. They're approach to primary care is very aligned with our mission. We want to democratize access to medical expertise. They've taken the approach to bet on primary care, ambulatory care that's either invalid based care now or transitioning to value based care. That's why both organizations were so aligned, and that's why the investment made sense. Since then, we've done a lot of good work together and we are, I think both organizations are getting better from working with each other.

Ron Barshop:

That's great. Do you have any sense of what percentage of the physicians are using your service at a big clinic, a clinician group like that? Is there are 20% using it or 50% using it?

Carlos Reines:

Well, generally for, and this is very interesting and kind of stays true for pretty much every group across the country when they have certain size because we also have a lot of individual practices who just sign up and use RubiconMD, and many of them within the DPC community. But for large practices, you almost always have the same distribution where you have a third of the clinicians who are power users,

love it. They go somewhere else. They want to have RubiconMD with them. Then you have another third who are just regular users that they use it, but maybe not as much because they are not a hundred percent clinical or because their scope of practice is a bit more limited.

Carlos Reines:

Ten you have the remaining third who are maybe less naturally inclined to adopt the technology, takes a bit longer. Obviously, all of that is being accelerated because one of the things that COVID-19 brought is that it's forced pretty much every clinician in the country to have to be comfortable with it with digital health solutions. So I think that will help keep pushing adoption. But overall for us, our biggest argument is once we started getting great responses back to clinicians and they realized the value that it's adding to their practice, to their patients and to their own learning, they become regular users of, of RubiconMD.

Ron Barshop:

Okay. Well, I'm glad to hear that you guys have a good reception from DPC, Direct Primary Care. It's a natural fit to have just this panel of experts that you can tap with a 20 minute wait or two hour wait at the most to get answers to complicated questions. That's a wonderful fit. Are you finding that those doctors are receptive to your offering?

Gil Addo:

Absolutely. DPC was really the first place where we started. I think it's a small, but growing and certainly mighty group of clinicians. That's where we started really, and they were innovative early adopters and it fits the model because for the most part, they're membership based primary care and they're incented to make sure that they do the most for their patients and provide the most comprehensive support and that's where RubiconMD can help support them. So it's been very aligned and they've been another great partner for us.

Ron Barshop:

Great. Well, I'm going to ask you two gentlemen a sort of a stumper question I ask everybody. But before I do, how can people reach you, Carlos, and then you Gil, if they want to reach out to you and learn more?

Carlos Reines:

Sure. Anyone can reach out to us, RubiconMD.com if you want to get more information on the company. You can also feel free to email me directly carlos@rubiconmd.com. If you're interested in Econsults or supporting you to primary care clinicians, would love to connect with you.

Ron Barshop:

Okay, great. And Gil?

Gil Addo:

Yeah. Similar, RubiconMD.com. I will also give out my email's gil@rubiconmd.com, and you can find me on Twitter at @GillAddo.

Ron Barshop:

Great. Let's A-D-D-O. Well, thank you. So my final stumper question I'd like to ask and we didn't even get to get into the algorithm, so that's going to be have to be another show, but let's fly a banner over American, give a simple message. Each of you gentlemen gets to decide what that message should be. What should that banner say?

Gil Addo:

It's a great question. I don't know how long the banner can can be, but I think we've seen through COVID, the exacerbation of health and racial disparities. I think those are really the thing beneath the thing. People talk about it as its own crisis. I think coming out of COVID, we will see a mental health crisis. We will see chronic care really step forward and be a huge, huge issue and chronic care management and a host of other issues. So I think there is a real call to action around eliminating health disparities, and really targeting ways that the healthcare system can support that. So that may be a lot to put in a banner, but I think it's a call to action. I think healthcare leaders really have to step forward there. All the things we've seen around racism and social unrest, all the things we've seen as a result of COVID, they're all things that are going to lead to a huge, huge cost for that healthcare system and things that we're going to have to collectively work to solve.

Ron Barshop:

I have a different take on that. I'll talk about that after I hear Carlos' banner. So I'm going to shorten your banner to go to RubiconMD to end racial disparities and health disparities. How about that? Is that a good short one?

Gil Addo:

I don't know that we can end all of them, but come to us and we can certainly help.

Ron Barshop:

That's a start at least. Okay. But listen guys, there's a ton of ivy leaguers at this company, not just these two crazy guys, but there's a lot more there. So if you can't go to this company, get smart problems figured out by the smartest people in the world, you're not going to the right place. All right. So, Carlos, what is your banner going to say?

Carlos Reines:

So the content for my banner is that I think that how we achieve transformation of health care in the country is through primary care. It is no secret that, and there's evidence across every other system in the world, where there is a robust foundation of primary care. There's standard care, better population health metric traits and we've seen how effective Econsults are in supporting primary clinicians. But at the same time, we've been frustrated with fee for service and business models that make it impossible to adopt solutions like this. So my banner would be addressed to anyone who is a decision maker, a policy maker or a business person: help primary care clinicians get access to Econsults. End the policies and the mechanisms in place, so that they can do what's in the best interest of their patients.

Ron Barshop:

Which really dovetails in nicely. I think a lot of what's going on with the anguish in America, whether it's the labor strive for the marching on the streets or the racial strife, there's inequity to getting access to care. Even if you belong to a company, 70% of all medical bankruptcies last year were people with insurance. So it turns out 80% of people are basically functionally insured. We have a gigantic economy of about 70% of Americans make less than $20 an hour. So we have an hourly economy and most of those folks maybe can afford the premium, but not the copay, maybe not the deductible. So I think a lot of this anguish is you 20% are in the tree house of care and the other 80% of us want in, and it's not right. We don't want to be frozen out the rest of our lives. So that's another show for another time, but I want to thank you, gentlemen. It's always fun talking to smart people who can communicate well like you all, and we'll definitely do this again to learn more about RubiconMD.

Carlos Reines:

Thanks for having us. This is great. Looking forward to doing it again.

Gil Addo:

Thank you so much. Looking forward to it.

Ron Barshop:

Thanks again. Thanks again to our sponsor, the MediSearch Institute. I want to read you a note a CEO friend of mine sent me who used them for a rare childhood disease her daughter had. Dr. Talbot's research was thorough. He provided clear paths of treatment and he gave me access to the best physicians. I'm so grateful for his work. That's the MediSearch Institute.

Ron Barshop:

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