Primary Care Cures

Episode 83: Katie McCurdy

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:

PCPs do not have a lobby anymore worthy of the company of the American Hospital Association, or PHR, many know as pharma or AHIP, or any of the other bigs that are over well-financed in that machinery called lobbying. The bigs in healthcare dwarf the lobbies of big tech, big defense even, Wall Street even, and big oil even, and in fact, all four combined. Primary care and physician lobbies sit at the kid's table at any feast.

Ron Barshop:

The AMA once fought tobacco and won, but those days have long been forgotten as they currently clip coupons, licensing CPT code guidebooks. Membership is at 12% of all doctors here in Houston, medical city, USA. Kind of a sham. Any physician bailout is at the problem if docs did have deep-pocketed voice because 70% of the primary care doctors are system-owned. They basically got a Marshall Plan when the hospitals got a bailout. Optum and hospital systems today are snapping up the remaining PCPs as efficiently and quickly and quietly as they can. Yet

monopolies in the bigs are all monopolies by definition, are acting very badly how they're going about this gaming.

Ron Barshop:

Here's one way; they won't reimburse the independent PCPs for telehealth here in Texas. Suddenly, about a week ago, the independent PCPs were told, "You're cut off from insurance reimbursement for telehealth." Do you think that's a good thing to have during a COVID crisis, telehealth? Well, maybe your state, it's happened too. But three of the five, all on the same day said, "No more reimbursements," but they're independent. So that's for the independents, but for the system-owned, they all still get reimbursed on telehealth. You think that sounds fair? Doesn't sound fair to me.

Ron Barshop:

That's a class-action lawsuit waiting to happen. I hope some lawyer gathers the independents together to talk about that. The big PBMs, they're all majors owned by big insurers, are also weekly squeezing dozens of independent pharmacies out of existence with similar gaming, unfair pricing of popular drugs. So if you like getting your Humira and maybe you can't get it at your independent, you certainly can down the street at the big. And they are also asking for recouped payments made over the years for no real reasons because they can, and I've seen it myself. Because that's what monopoly power breeds, gaming the system. Schoolyard bullies are kinder because at least they leave you alive with your heart beating.

Ron Barshop:

Today, you're going to meet an unusual guest who's going to make you think completely differently about a patient history file, especially thick and deep files, so complex cases. Her worldview came from feeling invisible with her own complex medical history. So she re-envisioned the patient histories into an elegant graphics that an eighth-grader could decipher. Katie McCurdy of Pictal Health, welcome to our show.

Katie McCurdy:

Thanks for having me.

Ron Barshop:

So tell us a little bit about your journey that led to this, because what I want to describe to the listener is impossible. They're going to have to actually go on to the show notes and look at some of the graphs that you've created. But it looks like a stack of books next to each other. So let's say somebody is 50 years old. There might be 50 books stacked next to each other, and then underneath, you're going to have some color codes that say, "Here's what happened medically." And then above that, "Here's what happened in their personal life." And it's just literally you can go down and you can see different diagnoses, different prescriptions, nutraceuticals that were tried, meditation. As this is going on in the life graph, you can see what's going on in their personal life, with their stresses and their strains and their marriage and their divorce. It's just really an elegant way, instead of going through hundreds of pages, to see in one snapshot, what the heck is going on. What led you to this?

Katie McCurdy:

Yeah, sure. Basically, what I've been working on, like you said, as a way to use data visualization and visualization of information to really condense someone's whole health history into one view. This really did come from my own experience as a complex patient. I've had at least two autoimmune conditions since I was a teen, so that's over 25 years now. And I found myself having a bunch of new symptoms about 10 years ago, and really jumping around from doctor to doctor, trying to get answers and really not getting any answers. Each specialist would pass me off to the next specialist.

Katie McCurdy:

I finally made an appointment with a really expensive holistic doctor who didn't take health insurance, and decided to create a timeline of my health history, to bring to him and really walk through my story and have it all on one page so he could really understand what I'd been through. That was an early prototype of these health history timelines that I've been working on, and that was 2011.

Katie McCurdy:

Today, I've had this company, Pictal Health for two years and I've gone through a very intensive process with 55 people now, to work with them, to visualize and help them explain their stories in a more visual way with their doctors. Just like me, the people who I've been working with have very complex health histories, often rare disease, mysterious diseases, or kind of misunderstood conditions like Lyme disease. A lot of people have autoimmune conditions. It's really the type of patient who gravitates toward this is the patient who isn't getting answers, isn't feeling heard and is really having some confusing and not typical symptoms.

Ron Barshop:

We're going to have as a future guest, Dr. Al Miller. There's about seven doctors are epidemiologist that understand Lyme disease. But apparently, Katie, at some time in history and it might've been the mid-'80s, the marker they had to measure Lyme disease was incorrect. It turns out that Lyme disease has converted if untreated into a ton of autoimmune diseases. I call them the name brand autoimmune diseases. They're all named after somebody Hodgkin's, you've got Hashimoto's, whoever discovered it basically is named after. Lou Gehrig's is named after the famous baseball player. But apparently Lyme disease can morph into a lot of other autoimmune diseases if it's untreated for a long time. Do you think that might have been what happened to you and some of these other folks?

Katie McCurdy:

I mean, I really have no idea about that. I have heard that theory and I have no expertise in that area. I did grow up in the woods of Michigan, so it's entirely possible that I had Lyme disease at some point. I don't think my symptoms line up with some of the chronic Lyme type of patients that I've worked with, who have really such a constellation of very troubling neurological and just so many different symptoms. So I'm fortunate.

Ron Barshop:

What is the reaction people give you when you finally are able to show them their life medical history on one page?

Katie McCurdy:

I work with people who've had a very difficult and long history of medical problems and often, sometimes mental health problems too. When I first started doing this, I was anxious when I would first show them the timeline of their whole life history basically. I was anxious that it would be troubling to them, but I actually found just the opposite, that they felt empowered, they tend to feel heard and seen. Those are the type of words they say. A person I just worked with said she felt witnessed. And for a lot of these people, they experienced invisible symptoms, just like I did. And that's part of the reason that I wanted to use visuals to explain what had happened with me.

Katie McCurdy:

So, because their symptoms are invisible, they find that people don't believe them and that can be healthcare practitioners, but even also their family and their friends. It's really hard for other people to take invisible symptoms seriously. So when you can map it all out and really take the time to do that, I think it helps other people take you more seriously and help you be believed.

Ron Barshop:

So my son was a resident at one of the Harvard hospitals a few years ago, and he had the time to go through a thick file, and he found an original clue in let's call, the body of the crime scene. In his CSI he found the original clue that everybody had missed over the years and sort of papered over. And they were able to resolve the person's complex situation rather quickly, because that initial infection was ignored and it just compounded, and it looked worse than it actually was. Have some physicians been able to resolve conditions because they can finally have clarity and insight with this visual?

Katie McCurdy:

Yeah. So I have definitely had some really positive stories like that. I've been working directly with patients so far, and then the patient brings these visuals to the doctor. But there have been cases where a doctor can look at this visual and often see what the patient has already tried, and that leads them to try something else or see that certain testing hasn't yet been done and so they can do that testing. I would say in about, I think I've heard five cases where a patient has used these timelines to directly get to a diagnosis and the right treatment, just because of those reasons. The doctor can look back in time more effectively, they don't have to ask as many questions, and the patient can be more proactive in presenting their history in a way that the doctor can absorb.

Ron Barshop:

I would imagine some doctors are going to poo-poo this and they're going to say, "Well, I see Chinese herbs on here, but I don't know how much they took or in what combination. I see stuff in here that may not be even reflective of accurate of their memory." How accurate are these memories compared to the actual patient history files?

Katie McCurdy:

Yeah. So this is really, really interesting. For the first point, I haven't heard of doctors poo-pooing this nearly as often as you might think. I've heard maybe one or two cases where someone brought their timeline into a 10-minute urgent care appointment, and it's just not really the time or place and the doctor didn't want to take the time with it, so it's sort of understandable.

Katie McCurdy:

I did a 10-patient project last summer with the VA, here in Vermont where I live. And I worked with 10 veterans who actually have memory problems, along with other complex health issues. I went through this process of basically, my process is interviewing the person, the patient very carefully, and that's the primary way I get information. I'm not usually referencing and sifting through health records. I go through about a one and a half to two-hour interview with people.

Katie McCurdy:

I've been actually shocked and surprised at how accurate these health histories turn out. With this 10 patient project with the VA, the doctor actually had access of course, to the patient's records. And so he compared what we had put together, our timeline, to the patient's record. He found that it was very similar. The one thing that I've found is difficult for patients to remember is all the different medications they might've tried for a certain problem. They might have tried four or five things before they found the one that worked and it's hard to remember those medication names. That's the one place I think it'd be beneficial to import that data. Well, it would be beneficial either way to import data from health records, but regardless, these histories are very accurate coming from the patient.

Ron Barshop:

So the way I see this really scaling is that if you have a way to scale this so that patients are entering the information, and then it's going into a digital record of some kind that converts into these pictures, I would imagine that there's got to be 10,000 people with Katie McCurdy's exact same BMI, age, background, health history. Yes, we're all unique snowflakes. We're all unique fingerprints, but there's got to be 10,000 avatars of you, of people that would love to know what your journey looked like if you succeeded and beat this thing. And that's the value of what you're doing. Is we can now take groupings of people and find out what is actually working longitudinally, and what is suddenly working all of a sudden that is going to create a value for the patients that are just miserable.

Katie McCurdy:

Yeah. I mean, I think there's value overall in aggregating these stories and learning from the aggregate. So not only from what's working for people, but also what's in their history that might've given a clue that maybe we didn't realize was a clue. What are the similarities and what are the differences in these journeys? I think there's a lot of value in looking at these health histories all together, and just exploring and seeing what we can learn from them.

Ron Barshop:

I've only been watching the health scene for about a decade, but I've not really seen anything quite like this. I have seen a one-page patient file that shows the blood type, and it shows their

alleles. In other words, if somebody wants to quickly look at the human body, it's got a human outline and it's got all the various medical; the medications, the last office visit, the vaccines. But I've never seen anything like what you've done, which is a timeline of 50 years of pretty much everything going on in their life, that shows a trajectory and is a story. You basically have a storyline, is what you created, a storyboard.

Katie McCurdy:

Yeah. It has some similarities with the personal health records that were popular 10 or 15 years ago. But I did this for myself, really looking at my entire life story because there were things that happened. For instance, my first autoimmune diagnosis happened when I was 13. So I wanted to include that on this timeline. I think there are clues or hints or life events, things that are relevant, even though they happen a long time ago and we don't see those in our health record. It's helpful to see the entire life journey of a person.

Katie McCurdy:

Then, we talked a little bit, you mentioned this in your intro, in addition to typical health record type of information, like diagnoses, surgeries and medications, I include life events and we size the life events so that the more stressful they are, the bigger they are. So you could see how a very stressful, for example, divorce, might have impacted someone's health moving forward. And then I also map out with people, their symptoms over time, and these aren't symptoms that they've carefully tracked over the years. It's really based on their memory of when their symptoms flared up and when they got better. Again, this is something that I'm very impressed by how much people remember about these actually very important milestones in their life.

Ron Barshop:

If this was an every patient file, instead of having to go through electronic health records for a ridiculous amount of time or glancing at something, and really just getting a cursory look at a patient that's got a complex case, this really gives them... I mean, it takes all of two minutes to go through this 50-year-olds file to figure out what's going on here. I might have some additional questions, like, "Okay, it looks like they started when they're 12-years-old. Were they walking in the Michigan woods," like you were? May be at risk for Lyme disease. Doctors love this kind of stuff, kind of CSI-ing the case, but trying to do it in a quick fashion. That's the gift you're giving them, is you're allowing them to do it with just a picture instead of having to go through reading basically War and Peace.

Katie McCurdy:

Yeah. It's so painful and I've seen what notes look like in the medical record. It's so painful to flip back and forth through years worth of notes, just to try and find a couple pieces of information. This is trying to take some of that burden off of doctors. When I've shown this to many different doctors over the years, and usually the first thing they say is, "I want this for all my patients," or, "Why doesn't my medical record look like this?" I think they see the value in preventing this additional administrative and work of digging through the record. I think it could be hugely helpful for doctors.

Katie McCurdy:

I had a doctor who's at Stanford whose patient I worked with said, "This gave her the map to a person, and then she knew where to zoom in and ask more questions."

Ron Barshop:

It is a map, it's a lifeline, it's a map, it's 3D map. The most famous graphic of all time shows Napoleon's army marching on to ultimately what was his Waterloo and how he lost his battle, and lost this thickness in the arrow and then it got thinner and thinner. These people deserted and basically had no army left by the end of Waterloo. This is kind of that same vibe. It gives you timelines, diagnosis, tests, feelings, what part of the body was affected. Again, folks, this is one of those rare radio shows that just doesn't translate well on sound, as much as you got to go see the visuals of what I'm talking about and what Katie's done.

Ron Barshop:

I want to congratulate you on thinking this through. This is really, I can see something that would benefit any doctors as you said. It would benefit any patient with a complex case. How do people find you Katie, if they want help with diagramming their situation?

Katie McCurdy:

Yes. The best place to learn more as to go to Pictal Health, it's pictalhealth.com. I have turned a lot of my focus now toward a more scalable web-based application. I've actually been doing these health histories by hand, and it's a pretty labor-intensive process. So I've been turning a lot of my focus toward a more scalable technology, but I still work with individuals from time to time.

Ron Barshop:

And is this your full-time gig?

Katie McCurdy:

It has been my full-time gig. I am also a user experience designer, working in healthcare, and so I also do some side work as a designer.

Ron Barshop:

If you could fly a banner over America with one message that Americans should read about their healthcare, what would that say?

Katie McCurdy:

Just I think, visualize it. I mean, that's my big goal is to help make the invisible visible with healthcare.

Ron Barshop:

Very nice. Well, Katie, thank you. We'll stay in touch with you. And I hope this time we talk next year, you might have 155 or 255 or 155,000.

Katie McCurdy:

That would be great.

Ron Barshop:

This would be great if this could scale up because of maybe the show. So thank you for what you're doing.

Katie McCurdy:

Thank you. Thanks for having me.

Ron Barshop:

So welcome to Just a Hospital Minute. We are adding these segments for one minute at the end of every show, to tell you some of the games that hospitals play. For example, did you know that urgent care is a giant hub and spoke game? That means that urgent care, which has well-insured customers coming in the door is basically a way to feed folks into a hospital, because not only do they pay well, but if their system-owned, they can charge quadruple what an independent would charge at a primary care clinic, or double what an urgent care would cost if it wasn't associated with a hospital. So the rates are good, money's good. But more importantly, this is a feeding frenzy for hospitals to send people to unnecessary tests, unnecessary treatment, over-utilization as we call it. So this is just another Hospital a Minute.

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:

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.