

Primary Care Cures

Episode 129: Dr. Darshak Sanghavi

Ron Barshop:

Welcome to the only show dedicated to a new way of delivering healthcare. This new model has no name, but let's go ahead and call it direct contracting or digital first care. The new way centers on opting out of the games bigs play with their rigged dice, their crooked game board and their purchased referees. And if you're looking for a future where everyone wins, that's the doc, the consumer, the employer, and with assured amazing outcomes and measurably lower costs that are ranging up to 60%, you're in the right place. I'm Ron Barshop, your host. I'm glad you're here. Welcome to the new healthcare economy.

Ron Barshop:

There was a very quiet movement with 30 million strong in it, and it fixes most of what ails transaction care, sick care, wealth care versus poor care. It's a movement with no name, no association. There are no books on it or scholarly articles, and there's no economists studying it holistically. There's no national media attention and it's off the radar, but not for long. Why? Because three companies with well over 8.5 billion in market cap are going or have gone public this summer or last year, including today's guest company. They are creating a disruptive new category in healthcare that sidesteps big middles and they're impressively powerful lobbies. Dr. Jay Parkinson, who started Sherpa, also invented virtual primary care the day after the iPhone came out and he calls it digital first care, which is a great name.

Ron Barshop:

I call it direct contracting because you've heard of direct primary care, this is direct everything. Employers are awakening now from decades of slumber and skipping all the big bloated monopolistic middles who own the PBMs and control 99% of the benefit advisors and use direct contractor with primary care and specialists and independent surgery centers and independent imaging and labs and pharmacies, not the big PBMs, but lean pharmacies and lean transparent PBMs, and everybody delivering care who has ever taken a cash pay patient, gets it immediately, when you say, "Do you take cash?" And almost everybody in healthcare does today.

Ron Barshop:

Direct contracting has become the chief retention tool very quickly and an attraction tool in engagement too. I've seen it firsthand for four years now, nobody in my company wants to leave us. We only hire A players and it's a breeze now. And for this reason, big tech is jumping in the movement so fast. So the obvious players like Apple and Google and Facebook and Amazon and LinkedIn and Intuit, and many more are hiring and retaining much easier by offering this product, Digital Direct Care.

Ron Barshop:

The local economic impact have found savings in EBITDA and employee raises because they no longer have to pay for healthcare and premiums and deductibles and copays. I think I can make an argument for 850 billion in local economic impact. I could be off, but I can make a really solid case for it too, and I have on previous shows. So everybody wins in this future, the employer, the employee, and the docs and outcomes improve and costs can drop 20 to 60% with much higher satisfaction scores in every category.

Ron Barshop:

Direct contracting is always going to be digital first care, but you can call it prevention first care or near-site or onsite care in some cases, or advanced primary care and next gen care or healthcare 3.0. And the reason 30 million patients is wrong is how fast Babylon Health is scaling. It's serving 24 million people on five continents. In fact, one, every five seconds is treated on this platform with a very impressive net promoter scores and 90% are giving it five star ratings, and they're just now in five states with 100,000 directly contracted, but 3 million contracted through insurers in the US with a mission of bringing affordable and accessible healthcare to everybody on earth, pretty simple.

Ron Barshop:

Here comes Babylon. They are UK's largest primary care practice, and will be going public shortly here with, well over a \$4 billion valuation. So this is going to be a long bio intro, but trust me, it's worth it because it just kind of keeps getting better like a snowball. So Darshak Sanghavi is the Global Chief Medical Officer for Babylon Health, and before that, he was the CMO of UnitedHealthcare's fastest growing division, Medicare and Retirement, which is the largest commercial Medicare program with over 90 billion in revenue.

Ron Barshop:

So UnitedHealth Group is number five on the Fortune 500 largely thanks to the growth of this division. The Chief Medical Officer also of Optum Labs before that, running a large portfolio of industry leading projects with dozens of academic government and industry partners, quite complex. Before that, the Obama administration, and he was the Director of Preventative and Population Health at the Center for Medicare and Medicaid Innovation, where he directed the development of giant pilot programs like a billion dollar Medicare Diabetes Prevention Program.

Ron Barshop:

But wait, it gets better. He was the Managing Director of the Brookings Institution, which recently came up with a number of 14,500 is the average family premium outlay. He was an Associate Professor of Pediatrics and the Chief of Pediatric Cardiology at UMass Medical School, and he's an award-winning medical educator who has worked in medical settings all over the world. And he's published dozens and dozens of scientific papers on a ton of subjects. You've seen him on NBC Today and NPR, all things considered, you've heard him and he's a contributing editor to not only Parents magazine, but you've seen him in Slate, New York Times, Boston Globe, Washington Post, and his bestseller, a Map of the Child, a Pediatrician's Tour of the Body, was named a Best Health Book of the Year by the Wall Street Journal. Other than that, he's a very lazy guy, welcome Darshak to the show.

Dr. Darshak Sanghavi:

Thanks a lot. It's great to be here. And now I'm blushing with that introduction.

Ron Barshop:

Yeah, we can feel the heat. Yeah, it was great to talk to you too. So there's a lot to talk about so that Americans can understand the Babylon Care Stack and that's kind of where I want to get started if that's all right with you.

Dr. Darshak Sanghavi:

Sure, sure. Happy to chat.

Ron Barshop:

What do you get when you sign on as a Babylon patient, consumer, whatever y'all call them?

Dr. Darshak Sanghavi:

Yep. So, there's essentially two ways you become a Babylon member or patient. The first is it you can opt in. And that was really how we got started in the UK, was the problem we're solving is the UK, great healthcare system for the majority of people, but, it's not as consumer focused as you like. So what we're solving for there is we'll get you affordable, accessible care, maybe a virtual visit within a couple hours as opposed to waiting days or even longer. So that's the first approach is you can sign up and join. And the second is what we've moved to after a number of iterations in the US which is that we now really wants to take on that full spectrum of care and take on that total risk. And so in those situations, patients are being attributed to us. I think we have about 100,000 full risk patients in the US, so that's how you can come in.

Dr. Darshak Sanghavi:

So the first way you sort of opt in. The second way, it's one of those don't call us, we'll call you and we reach out and do a fair amount of outreach. So what you get for that is something it's deceptively simple, but its you essentially get two things. You get an app on your phone, but what's really critical about it is not the app, but what's behind it, which is that accessible care. So once you have that, you have digital triage, essentially walks you through a number of symptoms. And then in the palm of your hand, you have access to essentially full stack virtual care.

Dr. Darshak Sanghavi:

And for example, what you get for that is 90% of the time in the US, you can see a doctor within about 30 minutes, and that's true, not just for primary care and urgent care, but we offer same day screening for say, behavioral health, with virtual therapy and just a number of other services. So, that's what you get is that access, that ability to get the care you need. And the bet we're making is that by sort of solving for that, and then a number of other things, we can bend that cost curve, where essentially nobody really has been able to be successful.

Ron Barshop:

Okay. I wanted to dissect a little bit more what you said. You said, "Behavioral health," and then you said, "Therapy." We're not talking about occupational or physical therapy, are we?

Dr. Darshak Sanghavi:

Correct. So, that's right. Sorry. Sometimes I have to recall that, although I'm a US physician, I've been learning some of the UK terminology, Rwanda and even Asia. So therapy by that I was referring to is behavioral therapy.

Ron Barshop:

Okay. Got it. Do you plan to expand your care stack beyond what we'll call primary/urgent/behavioral into the future?

Dr. Darshak Sanghavi:

Yeah, so right now, those are the principle things we're offering and about half of our care is really that primary care orientation. But by that, I mean, OB/GYN, family practice, pediatrics, internal medicine, and the other half, interestingly is a lot of behavioral health, which includes both psychiatry as well as therapy. Moving forward, that's one of the great things about having total cost of care risks. We will either build, buy, or partner with the other types of care that may be involved. So that could be for example, physical therapy, occupational therapy, speech, and a number of other services as well as we move forward.

Ron Barshop:

I see. So you're taking on a capitated amount per patient as opposed to a per month subscription fee?

Dr. Darshak Sanghavi:

Right. That's exactly right. Our business model is to take on that full capitated risk for that patient population, exactly.

Ron Barshop:

Okay. So, you're going to be calling on insurance carriers rather than consumers directly or employers directly?

Dr. Darshak Sanghavi:

That's right. Well, at least for some of those programs. So, where we're at right now is principally, we do have fee for service, so we're a network provider, but our growth strategy and really moving forward, our strategy, is to take on that total cost of care. And that's essentially where we've been growing mostly in the past.

Ron Barshop:

Okay. So, the obvious benefit to somebody joining is they're going to be limited on their risk, certainly by this capitation amount that you're guaranteeing. And you're either going to make money or lose money on about how well you deal with the underage, how well you deliver under that amount.

Dr. Darshak Sanghavi:

That's exactly right. And I think that's sort of the bet we're making. It's also one of the... It's a really important point to make, which is when we talk about digital health, almost all the players in digital health, they're taking on small pieces and they're really more consumer facing. Men's health or potentially things around say some just limited set of behavioral health services, or maybe something around pregnancy care or wellness. But what we're offering is that full of that when we take on that full risk, we think that lines up the incentives and also forces us to actually add value and not just extract value.

Ron Barshop:

Well, and then now you're going to have to need some bricks and mortar component because well women exams and vaccines, like the COVID, are going to require face-to-face. How do you make that handoff?

Dr. Darshak Sanghavi:

Yeah. Great question. So I think that as with many things, we're going to be building that in stages. So in the UK to be clear, and I'm referring back to that, because this is sort of where that model was initially born. The idea was let's first offer that digital first care with a physical clinic that is also available. And what we learned there is that roughly 90% of care when done appropriately and it took a while to really get those models right, but 90% of that care can be delivered mostly virtually. And then what we learned in Rwanda, I mean, just to talk about that, I understand that Rwanda is very different than us, but just to give a little bit of context, about 20% of Rwandans actually have access to Babylon, it's pretty amazing. And that's principally through not even broadband, it's mostly through telephonic and sort of UDDM platforms. And then we can treat a number of conditions through that. So, our contention is that an enormous amount can be done virtually. Now having said that-

Ron Barshop:

But you are the health care system for Rwanda, if people elect to hire you. You are the choice.

Dr. Darshak Sanghavi:

Yeah, that's right. That's exactly right. And I think we're incredibly proud of that, but I do recognize that people's expectations are different. The market is different in other parts of the world and especially the US. So, but this gets back to your question, well, what's our physical clinic strategy and how are we going to do that? So I take a couple things on that. The first is that right now, we want to scale quickly. So unlike some of the other competitors who are limited by sort of having to build physical clinics, they start small and they gradually build up and expand. We want to take full risk right away, as we did in say, Missouri, New York and a couple other places. And then what we'll do is we will offer that complete stack of virtual care.

Dr. Darshak Sanghavi:

What we'll do then is understand, "Well, what are the physical care needs that are now coming to the fore. So we'll start by partnering with existing physical providers. So, people can keep their PCPs or we'd work with existing PCPs to make sure that we refer them when digital care alone is not enough. I will point out that a lot of it can even be done outside clinics, for example,

radiology, lab testing, for example, even vaccination people can be done in collaboration with health departments. So, that's sort of a big part of our approach is sort of gradually ramping up. I will also say that as you're probably aware, we have acquired IPA's in California, that was announced earlier this year. And so we are also in parallel driving a physical care strategy also. And the idea is, can we use Babylon in collaboration with existing IPA structures to really deliver that full stack in digital care.

Ron Barshop:

Now, does Babylon yet own either a PBM or a pharmacy that they can get the drugs mailed directly to these patients?

Dr. Darshak Sanghavi:

Yeah. Yeah, no great question. We do not. We partner with direct patient pharmacies. For example, in the UK currently, we do not own a PBM currently.

Ron Barshop:

Okay. But, it makes sense in the future, you will, so you can control that gigantic price.

Dr. Darshak Sanghavi:

Yeah. Where we're at right now is we can prescribe and ensure that our members, when they need prescriptions, actually have them delivered to their existing pharmacy of choice, typically through existing payers. But that's what we offer currently.

Ron Barshop:

So a big problem in the pharmacy space is compliance. There are all kinds of interesting technology tools, virtual care can provide to make sure they are taking their pills in the morning and the evening that they're supposed to. And some of these folks have 15 or 16 different meds or vitamins they're taking. What do y'all do on the compliance end to make sure they're doing the right thing?

Dr. Darshak Sanghavi:

Yeah. So, at Babylon, what we do is we focus on something really simple. We just essentially call it the health loop, which, to those of us who are in healthcare, it's sort of fairly straightforward, which is we engage the patients, meaning we contact them, they're aware, we kind of get them excited. Then we collect data. We ask them to fill out health surveys or let us know how they're doing. We generate insights, goals, and then we plan and monitor. And then the sort of the circle continues. We reward them as well. And so the idea is that almost everything we do, part of it, we have an enormous amount of organizational and business discipline, where we use that circle and we've built our operational processes around that. So for example, medication compliance is put into that framework, asthma care can be put into that framework, even pregnancy care in there.

Dr. Darshak Sanghavi:

So, it's a scalable strategy that most importantly, also maps to our incredibly strong product and digital tools. So with medication compliance, what we essentially do is we engage our members. We learn what medications they're on. And then part of it is the engagement through the app. Our app is incredibly easy to work with. And then that data then feeds back to our clinicians in order to ensure that they're on the right medications. Are they refilling their meds? And then the other piece is with our data tools moving forward at AI, we'd like to understand, "Well, which of those meds do they potentially need to be on? Can some of those be consolidated? Is a relative benefit of some of those lower than others?" And perhaps as we build that relationship, we can help people simplify and focus on the highest value care as well.

Ron Barshop:

So, the last guy on planet earth I need to tell this to is you, but you know that once you get into the employer space and start trying to scale that, after you've conquered the Medicare goals, Papa's got a whole new bag. To control costs within self-funded employers to make sure they go to the right surgery centers that have the lowest infection rates, and have the highest procedures and the least complication. That's a whole new thing. And I'm sure y'all have mastered that with your artificial intelligence. Is that something that makes you a little bit nervous because it's so much more complex?

Dr. Darshak Sanghavi:

Yeah. So, I think it's important to be honest that these problems are not easy to solve. If that was the case, this all would've been figured out a long time ago. And part of the challenge is how do we drive that value, and can we do it over in a segmented fashion. So I think our approach here is that we need to demonstrate that we can succeed at every step along the way. So we wanted to be sure that the first thing we're solving for is access. You want to make it easier for people to get care when they need it so that you don't need to wait. The next piece is at least let's make sure that the care they're getting is evidence-based and we eliminate an enormous amount of variation in sort of what kind of care people get depending on where they are.

Dr. Darshak Sanghavi:

And then as we move forward, the next piece would be, make sure that we've then developed access to specialty care through the same sort of digital platform tools that informs our patients. And then on top of that, what we then would build, and this is sort of where our strategic plan is taking us, is exactly those sort of analytic tools and the ability to help steer patients that highest value care. I'll just say at the root of it all, it's really about trust. We can't just sort of reach out and tell people, "Hey, this is where you should go." We need to show them that we're accessible and available. We can answer their questions. And so we're spending a huge amount of time and effort right now and just making sure people actually like the experience. They feel like we're always there and making sure we meet our requirements to sort of get that 30 minute consultation for people whenever they want it.

Ron Barshop:

Well, let's talk about that since you opened the door. What are your net promoter scores today? I know they're very high for the industry and I think I've already mentioned that y'all are doing great on the five star ratings.

Dr. Darshak Sanghavi:

Yep. Yep. So, that's actually what we've been using principally here are our four and five star ratings. I actually believe, I'd have to look back again, but I think we're at over 95% at four or five star ratings. And then what's interesting is that in the UK, in particular, we have the longest track record of quality that's been collected over time. You pass if you get a four or five star rating and we're sort of industry leading in that remark. They sort of weigh five and four stars the same way. But interestingly, our five star ratings were also dramatically higher as well. So people just really seem to like that service quite a bit.

Ron Barshop:

Okay. So we're going to make you the moderator of the great debate that's in value-based care today, which is number one, I can solve it with tech and AI and number two, it takes a team to run a village. So there we've had guests like Gen Med, we'll eventually have Iowa Health who's been absorbed. We've had Catalyst in Dallas, some gigantic groups that are doing a great job with team approach to tackling the Medicare population. And then there's others who are just doing it on a virtual basis, like Medici. I think y'all are more technical or technology driven than team-driven. How do you judge that debate?

Dr. Darshak Sanghavi:

Yeah. To me, it seems, I guess it's not really a debate. It's just about how do you do both of those things well, and how do you do them both at scale? If you look at some of those other models of care, they're incredibly labor-intensive. It's taken some companies years to scale to even maybe 5 to 10,000 members and they just find they spend so much time finding these special doctors who are diamonds in the rough that can actually handle patients that have tons and tons of issues. And that's sort of their zero in, and that's where their niche is.

Dr. Darshak Sanghavi:

They're not as good at engaging, say 100,000 people very quickly. So I'd say the first thing is just to give a sense of the scale that Babylon operates at. We've taken on this for risk, I mentioned about 100,000 patients in capitated contracting arrangements. Our most recent go live, we signed and we mentioned publicly, we signed our contract and we went live taking on full risk in less than 90 days in the state of New York. So, that's the scale at which we operate that, and the speed with which we also operate. That can only be done with incredibly strong digital services and digital tools and outreach and all the whole kit and caboodle of all that stuff that can be done.

Ron Barshop:

You are the case study for the digital intensive approach. And I think you're still going to need a lot of providers. So let's talk about hiring of doctors, PAs, and nurses, because you're going to be doing a lot of that. Are you hiring only gerontologists? It wouldn't work in your model, you've got to hire every kind of doctor, right?

Dr. Darshak Sanghavi:

Yeah, that's right. So, I'll say also in terms of scale, we've also scaled our provider recruitment dramatically. So, one sort of signpost is we've grown six in terms of the number of providers we have over the past year or so. Currently worldwide, we have about 1300 providers or so, so it just

gives you a sense of the number of people we brought on, and it's varied. So currently, we have essentially almost all primary specialties represented in that mix. And as we move forward with our IPA and other acquisitions there, we're hoping to develop a number of other areas as well.

Ron Barshop:

If you heard an explosion, when you said 1300, that was my mind being blown. I did the math, that's 18,500 in a panel per doctor. Now, obviously when I call in, I'm not going to get my doctor every time, I'm going to get the next available to make sure you meet that 30 minute quality metric you've talked about. But 18,000, that is a technology juggernaut, oh my gosh, that's impressive, really hat's off. So when you're attracting doctors, what is the messaging to them about their new happiness scale versus sitting in front of an EHR all day in America?

Dr. Darshak Sanghavi:

Yeah. So I think as many... I'm actually, by the way, I think you mentioned it, I'm a pediatric cardiologist. So I actually still see patients. I have clinic every other Monday. I still take call one weekend a month. So I try to stay connected to clinical practice on the ground. We have a number of our leadership that are still clinically active. I just think it's important to point that out. And we're familiar with that, through that of the frustration, particularly primary care, the levels of burnout and just the challenges around documentation and charting. So I say a couple of things here. The first is that when you come on to Babylon, we have two models. You can be part-time or you can be full-time, we're sort of growing, a number of people that are now choosing becoming a virtual primary care doctor as their career.

Dr. Darshak Sanghavi:

It's all the other benefits we just talked about. No commute, you have the access to the latest digital tools. No risk of infection to you or to your patients. They're incredibly happy. They reach out to you and all of your back office operations, you don't deal with all the challenges. You have access to a world-class, top tier digital firm that's sort of handling all that in the background, in terms of all of that. On top of that, we have these cool tools we're building. Let me give you an example of AI where we're thinking about, and this is actually a really cool thing we're working on now.

Dr. Darshak Sanghavi:

Essentially, as you're having your virtual visit, say, it's online with the member, the tools are actually charting in the background, organizing your note and sort of putting it, so it's all set. So, we're helping minimize the amount of time that physicians may have to spend on documentation, which is a huge pain point, and then automating quality reporting and all that. So that's sort of where we're trying to go is to give our pitch to physicians is first of all, they're happier. Our physician satisfaction scores are incredibly strong. And not only that, you get back to being, you got into this because you wanted to be a doctor. We hope that, that's what you can do in this digital world of Babylon as well.

Ron Barshop:

So what I kind of heard between the lines is that the coding is happening as the exam is going on by phone. I'm not having to type in codes, it's automatic.

Dr. Darshak Sanghavi:

That's right. I will caveat that by saying this is still in prototype, but it is really cool. But that's just one example of the kind of work when you have 1,000 digital scientists and engineers in the background working, that's the kind of stuff that we're doing.

Ron Barshop:

Shout out to Austin, Texas. We got a lot of hires there. We're very excited you're coming to Texas. Keep hiring in Texas, we're very, very [crosstalk 00:25:45].

Dr. Darshak Sanghavi:

To be fair, we've got a number of people all over, including in the UK and in other areas as well. But yeah, Austin, Texas is a big hub for us.

Ron Barshop:

Okay. So it's a good idea if you're a doctor to join, you're not going to turn a doctor down whose an ER doc, you're looking for, I guess, primary care of all shapes and sizes, right?

Dr. Darshak Sanghavi:

That's right. So I think one of the things about Babylon is that, although that we're a healthcare company where we have primary care doctors that see people, over the screen, but we also are building care journeys, care pathways, digital tools, to help with triage that are informed by specialists as well. So yes, they may be the face-to-face docs currently or the PCP oriented ones, but we are absolutely bringing on and utilizing people that have all kinds of specialty stuff was build those other digital tools.

Ron Barshop:

Very exciting. So Darshak, I'm thrilled to talk to you because it's been this giant... Y'all are like the great white buffalo I've wanted to interview for a long time since I first hit the radar and Allie is just such a visionary. I mean, what a great leader you'll have in [crosstalk 00:26:59]. So I can see why you're excited to be on board. Is your life different now that you're not dealing with all the acronyms you used to have to deal with?

Dr. Darshak Sanghavi:

I have to tell you the acronyms, unfortunately never go away in US health care. You replace one set with another, particularly, in the world of technology. But what's different about my life is that it is fascinating and really exciting at this point in my career to sort of think about that full care journey and owning it from end-to-end. And I've loved my prior places of work. And I feel like we've done an enormous amount of good to help people. But one of the things that's really a pleasure of Babylon is thinking through, we're not just vending everything out, we're actually building things in house and really sort of thinking about that cohesive experience from beginning to end.

Dr. Darshak Sanghavi:

And we're doing it in places where it's challenging. Medicaid in the boot hill of Missouri, or Medicaid across the state in New York or New Mexico, California, we're seeing patients. So one of the things I enjoy about that is that challenge. And on top of that, realizing that the problems we're facing here, they're not so different than what people are frustrated by in the UK or even evidence-based access to care in Rwanda or in Asia. So one of the pleasures is also learning and building on lessons that have been learned outside the US which has been fun.

Ron Barshop:

I was fascinated that of the four to five states you chose in America to launch in, you chose to tackle Medi-Cal. I mean, really? What adviser didn't get fired for making that suggestion? That's amazing.

Dr. Darshak Sanghavi:

Well, to be fair in California right now, a lot of that business, is fee for service. But we're moving forward and the ambition is to 100% wherever we can in almost any line of business moving forward also, is we think that the real value is putting our money where our mouth is, not just selling in fee for service environments, really in full risk contracts.

Ron Barshop:

That makes sense, because if you can do business there, you can do business anywhere because of all the restrictions, but that's amazing.

Dr. Darshak Sanghavi:

Yes, absolutely.

Ron Barshop:

So I just want to take a 10,000 foot view before we sign off and respect your time. But what are your general thoughts on the subscription movement that I described at the top of the show where independent physicians are now sort of corporatizing and becoming more scalable to help employers solve their biggest problem, which is this giant health care money suck and time suck?

Dr. Darshak Sanghavi:

Yeah. So I would say as both a physician, but also as a member of the health care establishment, I think we should welcome innovation in all forms. I think it's exciting and it's only when lots of people are attacking the problem in different ways, it will succeed. I will say that the data suggests, and this is sort of informs Babylon strategy, but I think increasingly people in the US in particular, understand this, which is that value based care will succeed when you place primary care at the center and not large hospitals and provider systems. It's just incredibly difficult to truly succeed when you have the financial pressures of a hospital, which is arguably where a lot of the excess cost sits right now. So this motion to sort of bring together primary care, have them work together, give them the tool sets, we're part of that movement. We think we'll do it better than others, but we sort of welcome that innovation just because we think it's good for patients in general.

Ron Barshop:

I wish I had handy the quote from Sir Andrew Witty when he made that exact quote, when as head of UnitedHealth is that, "The only way to stop downstream cost is with primary care." And then almost on the same day, the CEO of Kaiser Permanente who died the next year in 2020, made the same statement. And then on the same day, Walmart said, "They've saved a billion dollars by an intense focus on primary care," we're talking about some of the biggest primary care, well, two of the biggest primary care groups, if not the two biggest, in the country are saying, "You've got to pay attention to primary care if you want to solve this problem." So bully bully. So Darshak, if people want to reach out to you and they want to submit their resumes, what's the best way to onboard and join that care stack and that team?

Dr. Darshak Sanghavi:

Hey, nothing would make me happier than having top talent come in here. We just love what we do here. I'm relatively new, I'll be honest. I've been here for just about a total of three months or so, but I've already just been incredibly inspired and we're building teams and we're scaling incredibly quickly. So, yep. Yep. Easy to find Babylon. I'm happy to sort of look at people's interest in perhaps working with them someday. That'd be great.

Ron Barshop:

Great. And I always end the show with a banner overhead. If you could fly a banner over, I guess, in your case, the world, what would the message be for every person on earth?

Dr. Darshak Sanghavi:

Yeah. I'd say sort of Babylon's mission I'll say, just because this is sort of what got me excited, and I still feel this way. It's what every person on earth deserves affordable, accessible, high quality care. Let's be part of that.

Ron Barshop:

You can't top the show better than that. I'm going to sign off and say, thank you, Darshak, and can't wait to keep up with y'all year to year and see how y'all grow.

Dr. Darshak Sanghavi:

Awesome. It's a pleasure to talk to you. Thanks so much.

Ron Barshop:

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 podcasts and subscribing. And leave us a review. It helps our megaphone more than you know. Until next episode.