Primary Care Cures

Episode 157: Dr. Nirav Vakharia

Ron Barshop:

The Triple Aim came out of the Institute for Health Improvement as the brainchild of John Whittington and Tom Nolan and eight years later became the Quadruple Aim. This was 15 years ago. The concept was to set up a basketball hoop for healthcare. You can't pursue quality without something to shoot at or aim for. So they positioned a four-minute mile of moonshot and here it is. You can have a happy patient, a happy clinician/caregiver, lower costs, better population, health, and outcomes, but you just can't have all four.

Ron Barshop:

Something's got to give. Nice, right? Except the Quadruple Aim is a dinosaur in 2022. Incredible thought leaders are still trotting it out there as if it's real today. But we can give a hat tip to innovative, advanced primary care, like the guest we're going to have on our show today, that we've achieved the seven aims, and not just with him, but with most of our guests on the show. Not a moonshot of four. So we have achieved and passed the moonshot and we have colonized Neptune, all seven of these aims. The eagle has landed, mission control. Houston, we don't have a problem.

Ron Barshop:

Okay. So here are the seven, guys. Lower cost, better outcomes - so it's population health. Happy members. We don't call them patients in digital first care. Happy clinicians. We don't call them providers, we call them clinicians. Happy payers, which might be federals, might be employers. It might be consumers, it might be big insurers. Happy community. Do the metros that these folks reside in win? And let's add a seventh one, and you'll understand why in a bit, is do you have happy shareholders? So it's a seven-aim process today.

Ron Barshop:

The Institute of Health has not come up with the seven. This is the way I evaluate companies that come on the show. I think it's fair because they're all metrics you can actually put a pencil to. So advanced primary care achieves all seven aims when it's well executed. This is not Ron Barshop's opinion. This is a fact. And these seven are the perfect screening questions for today's guest, all our guests in fact. We know when we cure what's wrong in primary care, we also see a way to fix healthcare's embarrassing riches of problems downstream.

Ron Barshop:

Let me speak plainly. Imagine primary care with properly aligned incentives. So volume-centric, fee-for-service care is not rewarded, outcomes are instead. Imagine no clinician burnout, not even a little, no true doc or nurse shortages. Imagine no functional and insurance for half of Americans where they have high deductibles, we have high deductibles that we can't even afford.

Imagine no factory medicine vibe, that DMV experience where everybody feels like a number, including the doctor, including the consumer, including the employer.

Ron Barshop:

Imagine that our health improves daily instead of declines down the toilet steadily. Imagine costs can drop continuously as expensive downstream care is lessened with more primary care touches upstream, way more than today's standard of care. Imagine no medical bankruptcy or even medical debt. And imagine EHR designed for docs and consumer members not designed for big monopolies and duopolies as part of payment machinery, part of the factory medicine thing, and the data mined gives us continuous improvements loop to constantly boost outcomes, to constantly lower cost metrics, to constantly get better, healthier, lower costs.

Ron Barshop:

Today we focus on one company that has, I think, a really fair shot at this. You've already met Babylon Health, you've met a Babylonian. Can Babylonians deliver lower costs, better outcomes, happy members, happy clinicians, happy payers, happy community, happy shareholders? You met Darshak Sanghavi, its CMO, chief medical officer, episode 129. Today you get to meet Dr. Nirav Vakharia. I'm delighted for you too. Before serving as vice president and GM of US operations for Babylon Health, Nirav held leadership roles at Cleveland Clinic and Partners Healthcare.

Ron Barshop:

He remains a practicing PCP in internal medicine today. At the Cleveland Clinic, he was the associate chief of value-based operations and president of accountable care where he led the development of his population health strategy with over 400,000 at-risk lives in 70 primary care practices. We've all heard of Cleveland Clinic. Dr. Vakharia has received his BS in biomedical engineering from Case Western Reserve and his MD from Harvard Medical School. He was the chief resident at Brigham and Women's Hospital where my son and daughter served as well. So, no dummy. Nirav, welcome to the show.

Dr. Nirav Vakharia:

Thank you, Ron. Pleased to be here.

Ron Barshop:

Yeah. Well, do you have any comments before we get going?

Dr. Nirav Vakharia:

No, I really appreciate your... I guess what would we call it? The heptaple aim as you're- [crosstalk 00:04:46]

Ron Barshop:

It grows every time. Yeah.

Dr. Nirav Vakharia:

What it says to me is that in this last decade where we've been re-energizing our efforts around value-based care and we take stock of how far have we come, clearly we haven't fulfilled the promise and need to pause and re-pivot. So I love your seven and I look forward to getting into some of the details around them today.

Ron Barshop:

Well, so can you give us a two-minute framework. Again, folks that listened to the previous show know all about Babylon Health and how exciting it is in the market today. Can you give us a two-minute thumbnail about what you're trying to achieve here in North America leading the effort and what you're doing globally as well so that we can have that as a framework and then we'll get into these questions?

Dr. Nirav Vakharia:

Absolutely. Let me start with just an overview of the company, which is a global company. The mission of Babylon Health is to provide affordable and accessible healthcare service to everyone on Earth. It is a rather bold mission. The pathway to that is by incorporating artificial intelligence and technology at every step along the way such that we can address one of the core issues in healthcare, which is lack of access. The premise is that if we move more of the healthcare services and needs into the digital and self-service layers, we can save our precious resources, which are our doctors and nurses and other health professionals to take care of... and work at the top of their competencies.

Dr. Nirav Vakharia:

The company started in the UK and has spread to numerous other regions in the world, currently serving about 24 million patients, either a digital or a virtual interaction about every five seconds. Here in the US, we have taken the best of what Babylon has accomplished to date, which is to provide 24/7 access to primary care and behavioral health services, both through an app that's powered by AI, think of symptom checkers, triage tools, digital navigation, the ability to submit and view your own data to help you understand your health trends, as well as push button access, again 24/7, to primary care and behavioral health.

Dr. Nirav Vakharia:

We have proven in other markets that the elegant simplicity of improving access plus building trust in populations that have historically not enjoyed reliable access can lead to some very impressive downstream benefits, many of which are covered in your expanded set of aims. We have good proof that it improves the member experience, that it improves quality, and that it lowers high-cost preventable utilization, like emergency room, inpatient, and overall cost of care. It's with those learnings that the company came to the US about two years ago to build a model of care that is a digital-first, virtual primary and behavioral healthcare, soon to be expanding into multiple additional specialties and work with payers to assume risk because we believe in the model that much.

Ron Barshop:

I'm going to fill in what I know. You're well over a million members in America, you're primarily going after the Medicaid market right now, which probably is the most difficult, but

hat tip to you for going after that. And because you're head of North America, your job is to, again, fulfill the company's mission with 330 million Americans with affordable and workable healthcare. Did I miss anything there?

Dr. Nirav Vakharia:

No, that's right. The number isn't quite that high, not quite at a million people, but we're closing in on that. You're right, we're absolutely focused on the care of the underserved because that is our mission as well as other opportunities as they arise. We're in about nine states now and growing.

Ron Barshop:

You've made some acquisitions. We're not going to go into that right now. But I want to focus on these seven aims right now. I want to save lower costs for last because that's one that I think is the most exciting and most interesting. But my favorite one to start with would be better outcomes. So can you talk to us about how... and you're an expert in population health, how your members in North America are getting better outcomes with you than they would had they not met you?

Dr. Nirav Vakharia:

Essentially, our goal is to fill in the white space in terms of access. And again, our core platform is primary care, digitally-enabled primary care, as well as integrated behavioral health. So when we think about outcomes, we think about them across a variety of domains. I actually consider patient experience to be one of the ultimate outcomes, so we'll leave that aside because I know that's one of your other aims. But we're looking at prevention, we're looking at chronic disease, we're looking at utilization, and on all of those, have built programs that are eminently scalable to be able to drive improvements across the board.

Dr. Nirav Vakharia:

A key part of our model, even though we're virtual first, is to work with the existing network in a community or in a region to really augment their care, to provide the overflow primary care, the night and weekend urgent care access. We all know that behavioral health access in particular is quite challenged in this country. Today, we provide access across our network within three days to behavioral health therapists. As we look across our outcomes, our measures of chronic disease control have improved.

Dr. Nirav Vakharia:

The fact that we've deployed in multiple states, soon to be nationally, the evidence-based collaborative care model where we integrate behavioral health and primary care is driving improved outcomes around depression and anxiety management, which also there's evidence to show when you carry that forward has significant positive impact on preventable high-cost utilization like ER and inpatient. That's what we're starting to see. Like I said, we're two years young in the US, we're only about a year and three months into our first risk agreement, but the leading indicators are very strong.

Ron Barshop:

Well, let's talk about your outcomes around the globe since it's too new here to look this soon. You'll get on the show again later and we'll certainly dial into those. But can you give us some metrics from hard numbers on global outcomes?

Dr. Nirav Vakharia:

Certainly. So, just give you a scale, sense of our scale in the UK. Within the National Health Service, which is the crown jewel of the UK, considered to be the best primary care system in the world, we built the UK's first virtual primary care practice. There, we've seen memberships well to about 110,000 members. When we look at the experience over the three or four years that this has grown, we're seeing that on the national quality framework in the UK that we are top decile of all primary care practices. Not just virtual ones, but all primary care practices.

Dr. Nirav Vakharia:

We have significantly higher patient experience scores. And again, it's primarily driven by addressing the core need that every single person probably listening to this podcast is faced, which is around the lack of access to healthcare when it's needed.

Ron Barshop:

Let's talk about those top decile scores. My familiarity with NHS is very thin, but I do know that they measure lots of different numbers to get you in that top decile. It's not a macro score, there's a lot of micro going into that.

Dr. Nirav Vakharia:

Correct. There's probably 30 plus quality metrics that are defined by the NHS, which we are accountable to just like any primary care practice in the country, or general practice I should say. Overall, when you sum them up, we are in the top decile.

Ron Barshop:

Okay. That's what I was looking for. You dove into the happy members. That's a really happy story too. My concern with that I want to address, I can't find on Google your ratings. I've seen what you've presented to Wall Street, of course, you are public company, that 90% of your people are going to give you four to five star ratings. But I can't find the Google ratings on Google. So let's talk about your consumer experience numbers and your Google ratings.

Dr. Nirav Vakharia:

This is where we actually do have great evidence from the US on the member experience or the patient experience. Again, focusing on the fact that we are reliably providing timely access and people can start to trust that we're there when they need us. We rate our patient experience in a couple of ways. We do immediate post-interaction star ratings. In the US, we are consistently month to month 4.8 or 4.9 out of five stars. That's at a roughly 30 to 40% response rate on all of our appointments. In addition, we do Net Promoter Scores where we're consistently in the 70 to 80 on a month-to-month basis.

Ron Barshop:

By the way, hospitals come in the 30s and 40s and traditional primary care comes in maybe a little bit higher, but that's double what you see in healthcare today.

Dr. Nirav Vakharia:

Yes. And we're not your average telehealth company here in the US. We provide lots of longitudinal and relationship-centered care. So we're helping address quality, we're helping address documentation if and when that's needed, we are collaborating across primary care and behavioral health. In fact, our behavioral health volumes have grown significantly over the last year, now making up almost half of our overall activity here in the US. And again, we could keep growing that until the cows came home.

Ron Barshop:

Were you going to give us the number on consumer experience?

Dr. Nirav Vakharia:

Sure. On overall patient experience, we don't do the standard cap surveys. So on our own surveys, we are consistently north of 90% giving us our four or five-star rating.

Ron Barshop:

Great. Let's talk about your clinicians. When you're recruiting a new clinician, what do you tell them so that they know they're going to be happy a year or two or three from now? The jaw dropping number that Dr. Sanghavi gave me was 1,600 docs, or providers I should say, or clinicians I should say, are serving to 23 to 24 million people, which is... And you don't have panels, I know that, in your model. A doctor doesn't have 15,000 in a panel. But that's how the numbers work out, is every doctor is going to be talking to one of 15,000 people the way your numbers work. So how do you tell a doctor they're going to be happy and how do you measure the metrics on the clinician experience?

Dr. Nirav Vakharia:

Remember that overall number is inclusive of the digital self-service members access through us as well. In terms of attracting and retaining our clinicians... And I'll describe that more broadly because we employ doctors, advanced practice providers, therapists, and pharmacists as well. So remember what's happening more broadly in US healthcare in terms of the overall clinician experience. I'm sure you've had plenty of guests tell you, and myself included, about some of the challenges of working in traditional practice these days and especially when you consider that the majority of the country is still on some sort of fee-for-service paradigm.

Dr. Nirav Vakharia:

As a result, we're working harder, we're working for less, we're seeing less help in terms of managing panels, and we're being asked to do more. You don't have to go far to read stories about physician burnout or just clinician burnout in general. Despite that, I firmly believe in my experience of working with clinicians that the vast majority, if not all of us, are really animated by the mission to help take care of patients. I believe the relationship with patients and the ability to provide that therapeutic hand is what gets us up in the morning and allows us to sleep well at night.

Dr. Nirav Vakharia:

Unfortunately, the way US healthcare has evolved over recent decades, I think the healthcare system overall, how it's paid for, how it's financed, how it's organized, has really gotten in the way of the simple magic of just connecting someone who has the skills to cure someone with the person who needs their help. It's through that lens we looked at designing the clinician experience at Babylon to restore the power of that therapeutic relationship and to minimize the distractions or the detractors from that relationship. What we offer our clinician is of course it's a virtual health practice.

Dr. Nirav Vakharia:

So they get to work from wherever they'd like. That's a key satisfier. Importantly, we make sure that there's a team surrounding them that is there to do all of the non top of competency work. So paperwork, managing the in-basket, communicating results, managing referrals, you name it, working with the insurance companies. The things that have been significant dissatisfiers to clinicians in this country are things that aren't part of the model for us. We believe clinicians should show up, take great care of patients, and then be able to go home and sleep well.

Dr. Nirav Vakharia:

With that, we've had not really any significant trouble attracting high-quality clinicians. What we do try to really inculcate from the start is that our goal is to not just be doctors and nurse practitioners on Zoom, but rather to start to incorporate the digital capabilities that will really allow us to scale our efforts, whether that's around remote patient monitoring or using tech-enabled care journeys to do a lot of the work that we otherwise would do manually. We're also trying to attract people who have that spirit of wanting to invent the few of healthcare, if you will.

Dr. Nirav Vakharia:

Finally, the last thing I'll say is because we are focused on serving the underserved in particular, working in healthcare deserts across this country where especially Medicaid members have not traditionally enjoyed affordable and accessible care, the mission orientation is strong in our clinician culture. The ability to help take care of these patients with all those extra resources I described like social workers and care managers, et cetera, to do right by patients is a powerful motivator as well.

Ron Barshop:

Okay. So I'm a consumer, I know I'm going to be happy with a 90% chance. That's pretty good odds. I know that I'm going to be in the top decile of outcomes if I just follow the protocols. I guess I'm going to meet happy doctors. I'm hearing numbers from you, but I'm assuming you're not losing doctors very quickly, you're only gaining doctors. But do you have any other metrics where you measure your clinician happiness before we go on?

Dr. Nirav Vakharia:

We do employee satisfaction across the company. I'm not at liberty to share those numbers, but we're doing well and there's always opportunities to improve. We listen hard because our doctors

and nurses, everyone on the front lines, are the ones who know best what it is we need to do differently.

Ron Barshop:

Let's go into the happy payers. Your payers are going to be Medicaid payers, so it's going to be the big five brokers plus the regional payers. How do we know they're happy or is it too early to tell because you haven't gone through a full couple of cycles yet.

Dr. Nirav Vakharia:

These are certainly early days, but if we look at what problems are we trying to solve together, so we think of our payers as partners, yes, we're taking on risk, but importantly, payers help their members and their patients, and it's primarily through driving improved access. So this helps the payers have better member experience ratings and it helps us have access to these patients who really are in need of our services.

Ron Barshop:

You shared with me the only little frustration you seem to really have is if you could only get more of their members engaged. They're afraid to step into this virtual world. Are they giving you help to do that? Is it totally viral marketing on your part and gorilla marketing on your part to get them involved? What do you need to do to get them to open their eyes and open the door and give you a try from the payers?

Dr. Nirav Vakharia:

It's a joint effort. My reflection is that even though telehealth has really come on the scene during the pandemic, and of course we've all seen some of the slide backwards into traditional brick and mortar sites of care over the last year or so, I still think these are the early days of telehealth and the early days of digital health. And there is a difference there, right? So when people enjoy access and they have an existing relationship and they can get in, I think the in-person experience is obviously wonderful.

Dr. Nirav Vakharia:

But when we think about what takes, and over time as people start to get comfortable "shopping online" for healthcare, I do expect there to be a significant shift. In my practice, my brick and mortar practice that I've been in, it's a whole half day off of work to come downtown, to park, to walk to my clinic, wait for a while, see me for about probably 12 to 13 minutes, and then reverse that whole process. In the telehealth model, I think people, especially as the younger generation comes of age, it's going to be a lot more comfortable clicking in and clicking out and having that be a 15-minute interaction and being able to get on with their day.

Dr. Nirav Vakharia:

So I think convenience wins. I think this model, if we can demonstrate that we can deliver better outcomes, we can provide a better experience, I think in the long run it does win. Around engagement, so remember we are working with a Medicaid population primarily to date. Naturally, there are barriers around the digital divide. Do folks have broadband access? Do they

have the right devices? And frankly, do they trust this modality for care? We are assiduously problem solving through every single one of those.

Dr. Nirav Vakharia:

In some cases, providing access for our patients, meeting them where they are in the community to help them get online, help them get the right devices, help them understand who we are and that this is actually a very valuable way for them to access care, especially when the alternative might be that they have to drive long distance or wait a long time to get in with a local provider.

Ron Barshop:

All right, let's take a crack at happy community I use as a framework. We've had many guests on the hotel where the community benefits through college tuition assistance or premium vacations in the state of New Jersey, or in Rosen Hotels' case, basically free healthcare, adopting a school district or two that's super poor and putting in the top decile of college matriculation with fully paid scholarships. That is community benefit.

Ron Barshop:

It's too early to tell, you guys just got funded a few years ago. You just got public this summer. You are growing, you're feeding the beast right now as it's growing, and so maybe community benefit is not top of mind awareness for you. But does Ali Parsa or any of your leadership team express, once you start getting into the Silicon Valley growth numbers that it looks like you're on the trajectory for, how you're going to benefit the community besides better health?

Dr. Nirav Vakharia:

Well, I don't think it's a sequential thing. It's not news to anyone that one's local factors have an incredible influence on one's health outcomes for better or for worse. So working with the community, helping knit together that social fabric again is absolutely top of mind for us.

Dr. Nirav Vakharia:

So we do employ community health workers that we dispatch into our communities that we serve to really work especially with the most disadvantaged or underserved patients, help them navigate the local services, help them just understand how to get online and get access to us, and work with the local providers that they're already seeing so that we are augmenting the power of that community, not in any way trying to substitute or supplant it. We expect that we'll only grow as we learn about the impact of those outcomes, but there's no doubt that we believe strongly in the need to invest in communities so that our patients can have better health outcomes.

Ron Barshop:

Happy shareholders, that's almost a no-brainer. I can tee that one up myself. You had an initial investment from the Saudi Arabian sovereign fund of half a billion dollars. You came out public and you're somewhere around three and a half billion now. So I would imagine they're pretty happy with their investment.

Dr. Nirav Vakharia:

Yeah. I mean, our promise that our CEO, who is an absolute visionary, is that we have to understand how long this is going to take, that we're really just getting started in terms of re-platforming healthcare to a digital-first model that makes it much more scalable and much more cost effective. These are early days. Healthcare in the US, third largest part of our economy. The last time I looked, what we spend on healthcare in the US is larger than the economies of every country in the world, except China and Japan.

Dr. Nirav Vakharia:

I mean, this is a massive, massive generation-long shift we're going to have if we're going to achieve the ideals of whether it's the quadruple or the seven aims that you've put out there. So I believe we're still in early days. I believe that we're going to start to see significant differentiation in terms of those who are really trying to disrupt healthcare for the better, demonstrate truly better outcomes, and the ability to do that at scale, provide some real competition to existing players who have enjoyed big moats and lots of strength in their respective markets. I think that's what's coming over the next couple of decades and that's what we're excited to help tell the story around.

Ron Barshop:

Okay, now we're going to tackle my favorite one, lower costs. I want to frame this lower cost within in a global perspective because you're the first global company that we've brought to the table here to tell your story. You're familiar with Devi Shetty?

Dr. Nirav Vakharia:

I'm not.

Ron Barshop:

The cardiologist. He's a cardio surgeon. He's in India as well known as DeBakey and Denton Cooley are here. He was on our show and he said something that has always captured my mind and I didn't have the right person to talk to until you. Here's to paraphrase what he said. He said, "After spending 10 trillion worldwide, less than 20% of the world's population has access to safe and accessible healthcare. The world doesn't have the kind of money to serve even half and we can't let people supper." I want to tease those numbers out a little bit.

Ron Barshop:

Out of the 10 trillion, we're four trillion of that. We're only four and a half percent of the world population. So if you take the numbers down, we're not talking we need another 10 trillion to serve the market. We can get halfway there with a little more than doubling what we're spending right now globally. But there's still not enough money to do that. How is Babylon Health going to bring the cost of care down so that everybody on the planet... What is your mission again? Everybody on the planet will have affordable and safe healthcare?

Dr. Nirav Vakharia:

And accessible healthcare.

Ron Barshop:

And accessible healthcare. How do you do that with not enough money out there to spend? Tell me the global view here.

Dr. Nirav Vakharia:

Yeah. We believe that the path to being better stewards of whatever resources we do have, whether it's the current 10 trillion or it's less, or it's more, is really to focus on prevention. The global healthcare system in most countries is focused on taking care of catastrophes. There's many places, the US included, that do it incredibly well. But the power of playing the long game in terms of focusing on prevention from a young age, we take care of pediatrics all the way up through the elderly, is where we believe the long-term opportunity resides. I'll also say that the overall expense in healthcare is a function both of utilization and unit cost.

Dr. Nirav Vakharia:

There are some significant differences in unit cost for various services both within our country as well as between our country and the rest of the world. Those higher cost services tend to be for treating illness, not necessarily for focusing on prevention. That's where we also win. Finally, I'll just say being a global company, one of the things that excites me most... Even though we're a tech company and a healthcare company and there's that really fun and healthy tension that comes from both of those worlds in terms of how do we do better by our patients, the other really exciting opportunity is to cross-pollinate across our different regions.

Dr. Nirav Vakharia:

For example, today in Rwanda, where I believe we take care of 12% of the entire country, we do over a million visits a year, we do that on average for a dollar a visit. In the UK where we are in the NHS model, the reimbursements are roughly for primary care, roughly half to a third of what we're paid here in the US. So when we look at Medicaid, we look at it through a different lens as we bring our global perspective to it. We look at Medicaid as still an opportunity to drive significant cost savings because of how we've cut our teeth in other markets that haven't been nearly as generous as the US market is in terms of reimbursement for healthcare.

Ron Barshop:

I ran the numbers and I came up with basically if you take that six trillion leftover and you spread it out equally on a per capita basis globally, you have $800 per capita to take care of this problem without spending a dime more than we currently spend. So it's just basically saying, can a universal Babylon instead of universal Medicare bring the cost down because you're efficient with physicians, you're efficient with your artificial intelligence, you're happy consumer, happy employer, happy payer? I mean, you've got the seven-aims medal, let's say, communities are winning, can you deliver for $800 per capita? That's, I guess, the Devi Shetty question, is can we be fair to people globally with the Babylonian solution?

Dr. Nirav Vakharia:

It's a wonderful question. Especially as we expand our scope a little bit, so what drives health outcomes we know is partly mutable factors, partly immutable ones. The ones that are under our control are behaviors, healthcare, access and utilization, the local community factors. Public health is the big one. So I think if we look holistically, what are we doing to help people set up

for healthy and safe lives across the public and the private sector? In some countries, it might be more than 800, in some countries it might be less, but certainly, there's a lot of waste and a lot of fat to cut from how healthcare is financed today. Again, because what's mostly rewarded is the care of the sick. If we can prevent that illness, we win.

Ron Barshop:

People are going to get mad at me if I don't ask this final question. You're taking care of younger healthies right now. They're not going to be most likely your chronic diabetes, hypertension, chronic care typical case of a medical care or silver hair population. Because you're going after the Medicaid population, because you're going after National Health Service, are you picking and choosing the healthiest so that it's easier to make your model work and does your model work when you start getting the silver tsunami washing into your universe?

Dr. Nirav Vakharia:

We do skew towards a younger population, though we are moving into the care of the elderly. I will share that even if it's a younger population, we see significant burden of chronic illness, mental illness in particular. So the need to manage multiple different conditions, to do it in an integrated and coordinated way is very strong with us. As we move into the care of the elderly, of course, there's the question that we're going to work through around how do we ensure that they have a satisfactory experience with care that's delivered virtual-first.

Dr. Nirav Vakharia:

We believe the model... Let me just say elegance simplicity of the model, unlimited 24/7 access to primary care and behavioral health. In some ways, I think that de-complexifies a lot of the approach that we've taken to date, and some of which has worked, some of which hasn't. And we do know from the evidence, if you look in geographic views of supply and demand around primary care, you can't go wrong by investing in more primary care.

Ron Barshop:

That's what this show's all about. People want to reach you, Nirav, how do they find you?

Dr. Nirav Vakharia:

I'm on LinkedIn. Not on any other social media, so that would be it. Look forward to chatting with anyone who's interested.

Ron Barshop:

Then if you could fly a banner overhead over America with a single message, what would that be?

Dr. Nirav Vakharia:

Please get your COVID vaccine.

Ron Barshop:

Okay. I'm really excited for what you're going to do and have already accomplished. It gives me hope that there never will be a doctor shortage as long as we have solutions like this out there. Thanks for what you're doing and we'll look forward to keeping up with you over the years ahead.

Dr. Nirav Vakharia:

Thank you, Ron. Thanks for your time today.