

“That’s Understandable” Season 2 - Episode 9
“Telehealth” Transcript
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Brendan (00:08)

Hello everyone and welcome to That's Understandable. I'm your host, Brendan McEvoy, US head of external communications at AstraZeneca. If this podcast has been enjoyable and informative for you, take a moment to like and follow on your favorite streaming service. And if you know anyone else interested in today's topic, be sure to share because our goal is to help make everyone, because our goal is to help everyone to better understand what science can do when we all work together.

Imagine this, it's 4:30 in the morning. You wake up with a sore throat and a fever and nothing you do seems to be helping. So you visit your doctor's website to see what time it opens, dreading making an appointment that might mean you miss time at work or need to find someone to watch the kids. Then you see it, a button to make a virtual health appointment. With everything you have on your plate, you decide to click it and get it over with. Within 15 minutes, you're video chatting with a doctor who diagnoses you with strep throat and calls in a prescription to your local 24 hour pharmacy. If you've ever experienced something like this, you've used telehealth. It's one of the fastest growing approaches to delivering healthcare in the US. During the first three months of the COVID -19 pandemic, the National Library of Medicine reported a 766 % increase in telehealth visits and according to the Office of the National Coordinator for Health Information Technology or ONC for short.

Nearly 90% of physicians have reported using Telehealth. But if the example I shared isn't familiar or you haven't used it, you might still be asking, what exactly is telehealth? The World Health Organization defines telehealth as the use of information and communication technologies to improve patient outcomes by increasing access to care, medical information, and delivery of medical care, and provision of general health services outside of traditional facilities.

Now it may seem that telehealth is a recent development thanks to new technology or, now it may seem that telehealth is a recent development thanks to new infor, now it may seem that telehealth is a recent development thanks to new innovations in technology, but it turns out telehealth has been around for a long time. One of the first known uses of telehealth in the U .S. was by the National Aeronautics and Space Association, NASA, in 1960 during Mission Mercury, where astronauts were monitored by physicians and medical professionals for the trip's duration. Yes, telehealth may have been around for quite some time, but not everyone has fully embraced it. Critics cite lack of regulation, data insecurity, inequity, and physician concerns regarding diagnosing abilities as some of the main challenges to telehealth's wider adoption. Still, the ONC states that 90 % of physicians who have used telehealth in the past feel confident that they will continue to use the practice in the future.

It sounds like we're getting some mixed signals, which is why our guest is here today to shed some light on what telehealth entails and what its future looks like. Dr. Vidya Raman-Tangella is the Chief Medical Officer at Teladoc Health. Teladoc Health is the largest independent virtual care provider with more than 90 million members total, delivering comprehensive, high quality healthcare for individuals, companies, and health systems around the world. As the Chief Medical Officer,

Dr. Raman-Tangella is responsible for setting the clinical vision and improving health outcomes for members. Prior to joining Teladoc Health, she served in leadership roles at Amazon, Blue

Cross Blue Shield, Johnson & Johnson, and UnitedHealthcare. Thank you so much for taking the time to join us today for this conversation.

Vidya (03:36)

My pleasure, Brendan, and thank you for having me on the podcast. And by the way, you can call me Vidya. I think that will be just fine.

Brendan (03:44)

Perfect. Thank you for that. So Vidya, would you say that the scenario I just described in the intro is a good example of services that are available through telehealth?

Vidya (03:56)

So let me first start by saying that the context, your opening story, that was fantastic. That's great context. And I think if there is one good that came out of COVID -19, it is that it raised awareness, interest, acceptance of technologies, in particular, digital health technologies, including virtual care, on the part of both patients and physicians. And that is here to stay. So we're not going backwards.

You know, your story also brought to light several real, I'm going to call them needs that one has when one is thinking of seeking care. There is anxiety. Do I need to seek care? Do I need to go immediately? There is the access element. There is the affordability element. There is availability. There's concern about convenience. And all of those, believe it or not, COVID -19 may kind of be over, but those unmet needs still persist.

And by the way, they're not just relevant for urgent care needs. In fact, they get compounded, complicated and magnified when, you know, for patients who need to seek care in an ongoing manner. So think of people with multiple chronic conditions or people who have just been discharged from a hospital. You're talking of this situation almost on a daily, weekly or monthly basis. So to answer your question, yes, you did hit the nail on the head and I think it's evolved. The space has evolved. So we at Teladoc, therefore have evolved from just being in urgent care to now providing primary care, care for chronic conditions, and even care in inpatient settings, addressing everything from physical health matters to mental health and wellbeing matters, focusing on everything from prevention to diagnosis, treatment, management, right? And also enabling care, not just through a doctor, but thinking of the care team, so nurses, therapists, coaches, social workers, right? So that is the beauty of virtual care is that it can pull the whole care team together in the interest of serving the patient. And you know, there are some trends that are continuing, including the fact that the health risk and disease burden in the population continues to be on the rise, while at the same time, the number of doctors, nurses, and other clinicians entering the system continues to be on the decline. So that is a dangerous combination to have. There is saturation of especially public health systems. If you look across the world, so let's not just talk about US, if you look across the world, super saturated health systems, geographic remoteness is a real concern, right? And so take all these into consideration. And I think that is actually propelling us into a future where virtual care is going to become embedded into healthcare. And we think of healthcare as being hybrid period. It's not trying to separate and delineate, but really thinking of it as hybrid care.

Brendan (06:55)

Yeah, no, that's really helpful, a helpful setup. You highlighted a lot of benefits to patients. And I was thinking that for me, COVID was probably the first time I used telehealth because for obviously doctors were not most of the time unless they weren't accepting patients to come into the office, right? Because the risk was too high. And so the convenience of it for sure and eliminating anxiety, like you said, and just sort of how does it fit into your daily life is obviously sort of a very real and common benefit. One of the things you also mentioned is sort of, you hit

on the equity component a bit. We're hearing a lot about health equity challenges, right, and that you're sort of the care or the quality of care can sometimes be determined, you know, the location where you live and, you know, in terms of like physical doctors locations or hospital systems or health systems. Can you talk a little bit about how telehealth is sort of bridging that gap from a health equity perspective?

Vidya (07:48)

Absolutely. So let's maybe start with talking about what we mean by health equity. The simplest way to think about it is if you have two people or two populations that happen to differ for whatever reason based on some attribute. It could be based on race, culture, ethnicity, the more common ones that we talk about, or it could be based on where they live, their socioeconomic status. So let's just say there are two people or two populations who are different.

If there is health equity, it means that these two entities have an equal opportunity to achieve optimal health outcomes, meaning the differences shouldn't matter. So if an organization, including ours, is driving towards health equity, it means you're taking into consideration all of those factors. So simply having a virtual care platform or a digital health technology is not going to be adequate. It is really about ensuring that you're addressing all of these dimensions. So when you look at it from a patient or a population standpoint, you have to think about elements like social drivers of health, which by the way, many of us take for granted, but they cannot be taken for granted by others. They simply cannot be. So education, employment, housing, food, transportation, all of those become considerations. Culture, race, ethnicity, like I mentioned before. So those are the people slash population attributes. You also have to look at the attributes of the care delivery entity. So, do we have, you alluded to this, do we have enough doctors? There are zip codes where there's a saturation of doctors, relatively speaking. There are zip codes where there are no doctors. So do we have enough doctors? Do we have the right kind of doctors? Meaning do the doctors represent the population? And not just doctors, all clinicians. Do they represent the populations that they serve? In everything that we do, in the care and the services that we offer, have we accounted for all of those differences that I just talked about from a person's standpoint. So do I understand somebody's social drivers? Do I understand about, have I incorporated four differences that might arise because somebody comes from a different race or ethnicity? So health equity, right, needs us to address elements from the person's standpoint, but also from the care delivery mechanism standpoint. The truth is, if you look in the United States, one third of the population lives in areas where there is a shortage of primary care physicians. And over half the population, this is scary, over half the population lives in areas where there's a shortage of mental health professionals. The average wait time to get a mental health appointment is 67 days. So in our practice, what we see at Teladoc is 50, 60 % of patients haven't seen a primary care physician in several years.

And increasingly, in about one third of them, we end up diagnosing a new condition like hypertension or diabetes for the first time. So think about that right there is the value proposition, right? And then when with an organization like ours, because we have the resources to connect them. So, okay, so we just diagnose somebody with a chronic condition, the doctor takes care of it, but then can we also connect them to a coach who can now work with them? Can we, most chronic conditions also tend to come with an element of mental health?

Anxiety, I mean, new diagnosis naturally comes with anxiety. How do you connect them with somebody that can help them address that? So that's the beauty of virtual care. So when you think of health equity, it's not enough in my mind to just have the technologies. It is really in how you apply those technologies. So for us at Teladoc, we started this journey a little over two

plus years ago. It is going to be a journey. The truth is, the more we do this and the more we learn about the populations we serve, the more we realize we have to do. So it's got to be this ongoing understanding and it takes an ecosystem to solve.

Brendan (11:54)

Yeah. And thinking about the same question from a provider standpoint, what benefits does it offer health care providers?

Vidya (12:05)

That's a great question. So I'll tell you, I have a lot of friends or doctors who absolutely love virtual care, right? And many different reasons. So if you're a doctor, you ask yourself, how can I reach more people? Right? How can I reach people more often? How can I provide for continuity of care? If you're a specialist, you ask yourself, well, I'm sitting in a hub.

But how do I reach somebody who is remote? How do I extend myself? These are all just a few of the reasons why there is now greater acceptance and interest. I almost call it the embrace virtual care technology, right? If you look at it from the standpoint of, let's talk of other clinicians, nurses, huge shortage of nurses. There's a high degree of burnout. There is a high prevalence and increase in mental health and wellbeing issues amongst this nursing population. And you wonder why?

It's not because they're burdened with clinical care, it's because they're burdened with administrative care, right? So we have solutions like Teladoc, for instance, has a solution called virtual nursing. And it's very simple. It's a nurse who's virtual, but who's able to address the administrative tasks like admissions, discharge, ordering medications, ordering labs, bringing in a specialist while the patient is in the hospital so that the nurse on the floor, right, actually in the hospital is able to take care of the patient. That is what he or she went to school for. So now they're able to focus on making the patient better and leaving these administrative. So that's a fantastic application of virtual care. And to your question, how is this working for providers? They love it because satisfaction goes up. People feel better about their environment, the work environment that they are in. And I think this is only going to expand. I mean, I could talk about numerous examples that we see across the globe, for instance elsewhere in Germany. We have, we leverage the same technology to help people post discharge to still be in touch with the doctors that took care of them in an acute care setting. Believe it or not, even if you're an emergency room physician, you're an acute care physician, you still want to know how that patient is doing after they went home. It's not like you just, you know, you're done. You're never done, right?

And so this, it makes a lot. And so it's the gratification and I can personally relate to it having been a clinician myself.

Brendan (14:29)

Yeah, it's, you know, as you're talking about the benefits and I think it's, you know, I think we've all heard about the shortages in healthcare professionals. And I, you know, from a personal standpoint, I remember when my primary care doctor retired, it took about nine months to get a new doctor. And I'm in an area where there's many large health systems, access is not an issue, but it still was a shortage in doctors. Is from, from a Teladoc perspective or maybe even more general, do you all employ physicians or is Teladoc Health sort of a service that existing healthcare practices are leveraging to interact with their patients? All of it, okay.

Vidya (15:10)

It's all of the above, right? It's all of the above. So we have certain clinicians who are our employees who are, and then there are individuals who work with us on a contracting basis because like I said, they want to reach more people or just feel like they have services to offer. So there's that. And then there are also situations in which we're working with health systems where we're actually augmenting and extending their own abilities virtually, all of the above. Yeah.

Brendan (15:35)

Okay. And then another another just sort of, you know, more practical question is, my assumption is, you know, insurance in the same way where you were physically show up at doctor's office, the insurance you have obviously would apply if you're going strictly through Teladoc or through you know, through virtual services. Does insurance sort of apply to in the same way?

Vidya (15:57)

Absolutely does. So think of us as being able to reach people like there is the one -to -one direct to consumer aspects, but then the bigger access that we provide is through by working through businesses. So we work with health insurance companies, many of the large names and small names, as well as directly with employers. So what that does is open up this as a mechanism to their employees and to the populations that they cover? So absolutely, the answer is yes.

Brendan (16:28)

And you hit on something that I, just an observation I find fascinating is I've seen more and more, I'll say virtual or online sort of DTC type companies popping up for a variety. I think you see them, or I at least see them most commonly now as a sort of obesity space where you can connect in with a fill out a form, they'll connect you with a doctor, and then it seems like you could potentially have a prescription to an obesity medicine. Is that sort of, what I'm seeing pop up, is that sort of leveraging telehealth, or is that sort of a different model?

Vidya (17:17)

It's a different model and one that I'm not sure is the best application of telehealth. So I think where you're going is, is telehealth or virtual care the right thing for everything? So here's what I would say to you. There is care that can be delivered virtually, and that's great. And that's all perhaps the patient needs. And then there is care that can be virtual first, followed up if necessary by care in a brick and mortar setting or so on, whatever makes sense for that particular patient. And then there is care that absolutely should not be delivered virtually. Now, how do you know what is right and what is wrong? It is by focusing, number one, on the rigor of care and the standards. So we at Teladoc have very, very strict guidelines, protocols, policies, procedures, that in fact we co -develop with the physicians who work with us, right?

So knowing here are the things, services that we are gonna care for virtually. Here is the scope within each service. And here are the points in care or in the care journey when we're gonna have to either get the patient to see somebody in person. And that's where the partnerships that we have with other entities comes into play. So my answer to your question would be not everything should be viewed with the same lens. This is not a mechanism to expedite certain other activities, it is you have to really put the patient front and center. You have to honor the patient physician relationship. Keep an eye on quality. So I define quality from two different lenses, right? One is who's providing care. So we are very, very, very focused on hiring high quality clinicians, working with them in an ongoing manner to improve their performance, to augment their performance, enable everything, make their life simpler, right?

And then we're just as well focused on outcomes for the patient. So it is not a transaction based by any means for us. It is more about the outcomes for the patient. So, and like I said in that example before, somebody with a new diagnosis of a chronic condition could also be dealing with anxiety. So outcomes to us means you help the person with a mental health and wellbeing, but also help them with the main problem that they came to you for. So we're focusing on quality of care and doing so with standards, protocols, evidence-based guidelines is absolute must in virtual care.

Brendan (19:33)

TRANSITION 1

It was clear from the start of this conversation that telehealth provided several benefits for patients and providers — especially as it pertains to health equity. However, I wondered what limitations there were on telehealth.

Can you talk about sort of just generally some limitations in telehealth and maybe kind of maybe it's an extension of what you talked about. Maybe certain conditions that maybe are not the best, you know, not the best from a telehealth perspective.

Vidya (20:03)

Yeah, I mean, the list can be, you know, so I will say that the list continues to evolve, right? So think about it. We just talked of the outset, the pandemic and COVID -19. Back then, what were we trying to do? We were trying to address as much as possible virtually and do our best, right? Since that time, we've gotten smarter and we've said, okay, where did we really do well? And it was not a concern. And then where are there some really, so as clinicians, as practicing doctors, where do we feel like, no, this patient needs to be seen in person? So like I said earlier, there's care that can be entirely virtual and that's totally fine. And then there's care that can start. So in your orthopedic example, let's say somebody just starts with an orthopedic problem, you can see them virtually. And believe it or not, this happens with us where when they first set up an appointment, we kind of, find out more about them as we have the conversation with them. And then as we discover that, okay, this person needs to see an orthopedist, they probably need to see a neurologist, that's when we start to refer into the system. We also have access to virtual specialists. So again, it's about, I think it's very important for all of us in the healthcare ecosystem to think of it as an ecosystem. This is not about one entity looking better than the other or one entity doing more than the other.

This is really about what is right for the patient, right? So if you look at it from an ecosystem standpoint, and there's us, there are hospitals, health systems, there are doctors who are practicing, there are health plans, how do we all come together to enable the right care? So if at the very least we're able to identify the problem and then send the person to the right point of care, that in my mind is success. Back to the point that I made earlier, there are people that have zero access to any form of healthcare.

But if they leverage virtual care and were able to find something for the first time and we connect them to those resources, that right there you have put them on the journey that they should be on. So that's, so it takes an ecosystem. It takes putting patient front and center.

Brendan (22:05)

And I'm hearing that be a key theme here, right? It's really patient first, patient at the center, which is great. I like to shift gears a bit. As with all things in the digital age, where data security, patient information is being debated as a huge concern across all sectors and industries. As it relates to telehealth,

Vidya (22:11)

100 % 100 %

Brendan (22:12)

services, how do you look at or handle data security, especially when you're thinking about the additional lens of HIPAA requirements as well?

Vidya (22:45)

So data security, privacy, there is cybersecurity, there is, but, and most importantly for us is patient safety. So I'll try to address all of them. We have been HIPAA compliant forever and ever. And in our organization, that HIPAA compliance is everybody's job, not just somebody who actually handles patient data. It's more important for them, but we all are part of the same.

you know, organization and so we, for all of us, and so we go through the training, we have rigorous processes and protocols, and so data security and privacy, it's a number one focus. We also recognize and take the responsibility seriously that we are in fact in patients' homes and we are in hospital settings, right? And making our devices and our technologies secure, fortified against attacks is another responsibility that we take very seriously.

Most important to us is patient safety. What I mean by that, you have delivered or we have delivered safe care when we've avoided adverse events, when we've kind of kept an eye for errors. Listen, clinical care is a combination of people, process and technology. All of them are prone to errors, probably the human component more than the other components, right? And it's impossible to avoid, but what you can do is to prevent errors from happening and to learn from errors when they happen. So why might errors happen? And by the way, this journey is something that brick and mortar facilities have been on for quite some time and they will continue to be on. It's another never-ending journey because we're all trying to provide safe care. So it could be related to diagnosis, right? Errors related, maybe you completely missed a diagnosis or you misdiagnosed, was a wrong diagnosis.

We didn't, you know, didn't prescribe the right treatment. Maybe it was the wrong dose, wrong mode of administration. Maybe we didn't refer. And this applies to anybody, brick and mortar, virtual, anyone. It's just in clinical care. So there are so many reasons why, or points in care, when errors can happen. And the goal for us, from a patient safety standpoint, is to know and prevent them from occurring. Now, how did we do that? You would think...

Hey, it's been done in brick and mortar, copy and paste. It wasn't, that was not the case. There is literally no playbook out there that says here's how you do it in a virtual care setting. So we had to actually think through, design, plan, hire the experts in safety science, invest in technology. And then today where, I mean, for now several years we've been on this journey where we're harnessing all of those efforts and really leveraging data so that we're able to identify why things might go wrong so that we're able to prevent it altogether, if that makes sense. So we don't wait for something to happen to fix it, but then we have mechanisms in place where we can identify these things. And the only way we've been able to do that is by giving it that focused and dedicated attention. So to us, patient safety, I talk of it as job zero, and we take that, you know, very, very seriously.

Brendan (26:09)

Thank you, that was helpful. I mean, it's clear that the same rigorous standards that are applied in a brick and mortar or really anywhere else in the healthcare ecosystem are equally as rigorous in the telehealth space.

Vidya (26:24)

They actually become even more complex and complicated in a virtual care setting, right? There is so much that is not at your disposal like it is in a brick and mortar. So it becomes actually more complex and complicated. But yeah, can it be accomplished? Absolutely. And it's been a very creative and very gratifying exercise, frankly, and to the point where now, you know, we are in a position like our the team, our patient safety team speaks often at conferences, shares our learning. We want everybody to learn from our own experience do more of the same, and if not even better, right? And so, yeah, so we are looking to continually partner on that front with others in the healthcare system.

Brendan (27:04)

Great. I want to shift to the future in a second, but one thing I wanted to just maybe open the door for if you want to address it. Are there other sort of barriers, limitations, hesitations that you hear from patients that you want to address? Especially, I think, in a world right now, there's often misconceptions about health care. Is there anything that comes to mind that maybe a misconception that you want to address just to help our audience maybe dispel a myth or potential.

Vidya (27:43)

Yeah, sure. I don't know if I'd call this a myth, but I think we as an ecosystem and certainly as an organization, we have an opportunity to tell consumers and patients out there that telehealth slash virtual care is not just for urgent needs, right? That is history, that is old times.

Now you almost have to, so that is a wish. So in other words, we want people to know that they can access care for so many other things, like I alluded to at the outset, through virtual care, right? And I think as an healthcare ecosystem, we just have to, you know, kind of stop talking about things in such a choppy manner and then like think of this as integral to care. Because what I want people to know is that even if you're remote, even if you've never seen a doctor and hey, you just got a new diagnosis, this form of care is still available to connect with somebody who can actually help you with the healthcare journey. Earlier you asked me about the example with an orthopedist, what if somebody needs to see an orthopedist? Well, guess what? I mean, there are other applications of virtual care, including after you have seen an orthopedist. Let's say you're told to get physical therapy, you go into a facility, and you get the physical therapy, you can come out of it and continue to do things at home with the help of virtual care. So there are people who actually avoid and who will just fall off the physical therapy bandwagon because it's commute, same reasons, it's commute, it's cost, it's convenience, but things such as enabling good musculoskeletal health through physical therapy, through virtual consults, that is another huge part. So I guess my message to... people and patients is talk to your doctor, talk to your health systems, be more educated about what your health insurance company is offering to you, what your employer is offering to you, because as consumers and as patients, which we all are, we need to take advantage of this.

Brendan (29:52)

TRANSITION 2

Vidya made a compelling case that telehealth truly is the embodiment of a patient-centric approach to healthcare, especially as she talked about the continuation of care after an acute health event. This lead me to wonder what benefits telehealth could offer to patients with **chronic** health issues or as a **preventive** approach to health care.

I think oftentimes, I think, you know, and I include myself, we think of sort of healthcare in an acute manner, right? Like something you pop to the example in the beginning, right? You wake up with a sore throat. Okay, I need to quickly get in touch with a doctor to resolve this versus sort of thinking about it as a sort of continuum, right? Where you should constantly be focused

on health and, you know, having the regular. Contact with your physician or specialist so that you're kind of holistically looking at it versus just acutely trying to take care of whatever issue pops up today.

Vidya (30:43)

100%. I mean, from a prevention standpoint, this is great. So let's assume you're doing all things right. But how cool is it to like maybe once a month connect with a virtual coach or somebody who can help you and just put you like maybe tweak a thing or two and, you know, just work with you. So now you're off to a great start. So no, it's a great buddy, I will say to people.

Brendan (31:05)

Yeah, yeah, yeah. So I said I wanted to shift now to more of a future focus. So what innovations do you see when you look ahead in the telehealth space? Or maybe broadly, or if there's sort of anything specifically that you all are thinking about at Teladoc that you have on the horizon?

Vidya (31:23)

Yeah, so... So I have over 20 years experience in innovation and in fact, I define innovation as doing things differently. So problem solving differently. So it doesn't mean you have to come up with a different technology each time, but you have to problem solve differently. Let me clarify what I mean by that. With respect to telehealth and virtual care.

Innovation, listen, that technology will continue to upgrade, it'll continue to advance, and we've been part of that journey. But the actual innovation will come in how we apply the technology to problem solve, right? And what are the other applications that we can think of? And at Teladoc, we're already doing many of them, and we know that we have quite a way to go in terms of additional applications. So I hope an innovation is that we...

Don't really, like I said earlier, separate things and say, this is virtual care, this is brick and mortar care. But in fact, and we think of everything as being care, healthcare. Let's also not keep thinking of virtual care as needing to be a copy and paste of brick and mortar. It doesn't have to be. The two can beautifully complement and augment each other, again, in the interest of the patient, right?

So we don't have to be copycats, we don't have to compete, we literally can augment the two modalities, if not additional modalities. The second I would say is, as you know, we're living in an era where there's an abundance, I will say, of sensors and devices that are able to gather data from a person in their body, on their body, around their body, right? How neat would it be to align those sensors with a companion like virtual care so that as you're able to get some digital biomarkers readings from those sensors, we're able to leverage virtual care to intervene. So simple example, right? I mean, it's people have, this is the new age of remote monitoring, but now we're talking multiple. We're not just talking of people who are sick and therefore have a blood pressure cough or a, you know, glucometer. I'm talking of prevention as well, right? And so when you think of all of the, ways in which we are producing data, this can be a mechanism that allows the care providers, even family members to act on insights from the data. So that would be another innovation. This is something that we're looking into. The next one I would say is the ability to provide or address whole health. So not separating mental health from physical health.

Vidya (34:52)

Like being able to do these things together, which actually is sometimes a challenge in brick and mortar setting because you know, you have different specialists, but in a virtual care, you're able to bring them all together on one platform and then provide that care. So continuing to do that, I think will be the right step in the innovation journey. Last but not the

least, I will say that an innovation or good success would be when we're no longer talking of access and availability as challenges. If we can solve for that, I think it's a huge win.

Brendan (34:51)

RE-RECORDED

Yeah, absolutely, it's really been clear that this is all about putting the patient first and connecting patients to clinicians, right? Primary care, mental health, all of it. One of the big topics we haven't talked about, but I think it is connected to this idea of patient-first care is AI in the healthcare space. We actually had an episode last season called, "Data Intelligence and AI," if listeners want to go back and take a listen. So, What role is AI playing in telehealth and how does it impact patients?

Vidya (35:32)

Yeah, great question. I will say that, listen, AI or not, so virtual care is real. Let's process that for a second, right? There's nothing fake about it. So AI or not, you're still getting virtual care from real clinicians, real doctors, real clinicians. I think of the A in AI not as artificial, but as augmented, augmentable intelligence, right? There's nothing artificial about it. Augmented or augmentable intelligence. What I mean by that is that as humans, as doctors, as clinicians, there are things that we're good at, we continue to become good at. There are things we want to do, we should do. Then there are things we absolutely shouldn't be doing, don't want to do, cannot do. And maybe those are the ones that the machine slash AI can take on. What does that mean? It makes each other smarter.

Right, so if I can get as a doctor, if I can get some additional insight about my patients or patient panels that makes me a better doctor, that makes me deliver even greater care for that patient or population, then that is a fantastic application, right? So I have gained from partnering with AI. On the flip side, as humans, if we can really steer the AI towards needs that are big. So think about, I'll give you an example. Somebody has to, a doctor's working with a patient who needs to lose 20 pounds of weight, right? The doctor in a typical setting will see them once in a while and then say, hey, you need to do all of these things, come back, see me in six months. But they have no insight into what is going on within those six months in the patient's lives. They're probably wondering, well, I know

Not every doctor is able to worry about every single patient, but that's what we want to do, right? We want to be there for every person. You wonder, well, I wonder how they're eating and how that is influencing their weight. Then you say, well, I wonder how they eat on a good day versus a bad day. I wonder how they eat when they sleep well, but, and on days when they don't, on nights when they don't sleep well. I wonder what sort of stress they have in their life. I wonder how they're active. So think about all of these elements. As a human, it's almost impossible for any of us to process all of these data points, look at them comprehensively and come up with some intelligence that says, aha, this is what I know and this is what I'm gonna work on. Now you start thinking about the volume of data that we are hit with in healthcare, the velocity at which it comes and the variety of data that we have, it's impossible to process. That is the beauty of machine learning. So whether you're talking of classic AI or generative AI, I would say it's really in personalizing care for people, in personalizing how we communicate with people. So at Teladoc, we're experimenting across the whole system. In fact, recently we published an article in Fierce Healthcare, where we talked about how we leveraged AI to really personalize what we say to somebody based on data and how we say it to them.

And we found that it moved the needle and then it actually produced better outcomes. So those are just some easy ways to... So telehealth, all digital health technologies and healthcare ecosystem broadly, I think so many applications of artificial intelligence and machine learning. There are a whole host of administrative applications that you can think of, right? Processing

claims and looking for fraud, waste and abuse, helping with scheduling. So that's another thing, right?

How do you connect the patient with the right clinician, the right provider? You can use few attributes as a human and say, okay, I think this is the right person for Brendan, or we can take in more considerations about Brendan and then really leverage AI to personalize even who we connect you with, scheduling. And so yeah, there are so many administrative applications. So huge, I'm excited for all of those possibilities and I can't wait to see them all like come to life in so many different ways.

Brendan (39:47)

Yeah, yeah. No, that's great. Yeah, it gets me excited. I think about, you know, all the examples you shared we heard in that last, the last podcast we did on on on AI, we talked about and it kind of right. It's lines directly with what you said is sort of like all of this data, right? Like how how can a doctor maybe quickly analyze data is AI a way in which it can maybe identify, you know, potential risk or opportunities in treating a patient that maybe it's just, you know, would enhance what, you know, the doctor skill set or what a doctor would see.

Vidya (40:23)

Yeah, it's, it's good. So think of the whole space of predictive analytics. So if you're a doctor and you know, you said you have a PCP, you know, as do I. And so they don't have access to all the data about us. They have the clinical data, but they don't have our lifestyle data. They don't have our data that our health insurance company has about us. They don't have data about where we live and our social drivers of health and so on and so forth. Right.

When you put them all together, so if an entity, whether that's an independent company or all of us in this space, we're able to take that and generate insights based on that and give it to a clinician, I mean, how powerful is that so that they can take? So, and then predictive analytics. So, okay, so this person looks like this today, what can we anticipate? Like, are they on a good path or is there something we should be concerned about? And if we start to see something, how do we make sure that we intervene at the right time, get them the right care at the right time, you know, and so those are all just, again, I see huge applications more in the line of prevention and anticipating.

Brendan (41:28)

Yeah, no, that's great. And you know, Vidya, we've covered a lot here today. I know it's for me, it's definitely been a big learning. I think I only sort of like I said, I had, you know, obviously had some exposure to telehealth through COVID, but you know, really didn't ever really dive deep. So this has got my brain, you know, thinking about all kinds of things and which is great. And I hope our listeners as well. But before before we close.

I wanted, you know, is there anything else that started burning on your mind that you wanted to make sure we talked about today before we close?

Vidya (42:03)

Well, I think I've said it multiple times. Healthcare is complex. It's complicated. And so it's impossible for any one entity in the healthcare system to problem solve by themselves. So it's going to take an ecosystem. So it's all about partnerships, including with patients and consumers. So, you know, you and I just talked about all the ways in which we can provide care, leverage technology to provide care. As consumers and patients ourselves, we have to do our part as well, right? And so we have to say, wow, I stand to gain. I look at my children who are in their early twenties, right? They have so much more intelligence in front of them about their health than I did when I was their age. So, you know,

Take advantage of that. Learn more about your body, about your health and things you should be worried about, things you probably don't need to be worried about, and ask yourself how you can improve your health on a daily basis. So I would say it's an ecosystem. It takes all of us and let's partner to create that healthier ecosystem.

Brendan (43:13)

That's a fantastic point to end on. I think, not a thing, this has been a really great conversation about a topic that it's clear is only gonna continue to grow in terms of its capabilities and function and usage, which is great. And I think all to the end of, like you've said many times, better patient care, right? Which is fantastic. So I wanna thank you Vidya for joining us and sharing your insights today.

Vidya (43:36)

It's been my absolute pleasure. Thank you for having me.

Brendan (43:39)

Yeah, thank you so much. And to our listeners, I hope you found today's conversation interesting and it gives you just a little bit more of a taste of telehealth than you already have. Look forward to learning more about this in potentially future episodes.

And then thanks again to all of our listeners for joining That's Understandable. For more information about today's episode, be sure to check the show notes. Until next time, be well, be healthy, be understanding.

END OF SHOW