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# 2016 Digital Health Tech Vision Webinar: Trend 2

## Video Transcript

**Dr. Michael Breen:** Alright, let's talk about the second technological factor today and this is the liquid workforce. When you say, Kaveh, the liquid workforce, what are you talking about?

**Dr. Kaveh Safavi:** Well, it recognizes the fact that people with skills to do work are really all over the world and the old way of getting work done is you have to get the people physically present in order to do the work. You combine that with the technology that makes it possible to reach those people and suddenly, workforces are really people being deployed for projects based on their

need. And you know, that is not a new concept so for example, for the last several years, people have thought about innovation that way, crowd sourcing innovation, hack-a-thons, X prizes, right, the idea that smart people live everywhere, let's give them a project, see what happens. But you are actually beginning to see examples in healthcare that have existed for a while now and you are seeing more of them. So, tele radiology for example. A recognition that the right thing for a patient is to have a radiologist with the right expertise read the films, for example, a child in an emergency room not all of

them have a pediatric radiologist. Tele radiology made it possible for radiologists anywhere in the world to read an x-ray generated anywhere in the world, on demand.

**Dr. Michael Breen:** So, this is a world now for patients where they have access to healthcare anytime or at anyplace.

**Dr. Kaveh Safavi:** It recognizes the fact that the specialization and the expertise they need can't be physically present in the exact location that they are but is present somewhere in the world and if I could just figure out how to match it,

then I actually solve a better problem.

**Dr. Michael Breen:** Even if there is a distance involved.

**Dr. Kaveh Safavi:** The whole idea is that if you combine a workforce with technology that makes geographic presence less important, you can now solve a different problem.

**Dr. Michael Breen:** Now, how does a healthcare worker or maybe even payer, how do they benefit from this?

**Dr. Kaveh Safavi:** Well, I think they will benefit in a couple of ways. One of them is that they may not have the labor where they need it and that is a challenge for the company who needs the workers. The workers benefit because it gives them flexibility. They don't have to work where they live. They can work different schedules and yet you can organize them to get effectively a workforce that is around the clock. So, it gives much more freedom to the professional as well as to the company.

**Dr. Michael Breen:** It is true. You know we think of the mother with a sick child now who doesn't have to leave the house to see a doctor with Skype, but the fact is that the doctor may not have to leave the house either.

**Dr. Kaveh Safavi:** They don't in some cases.

**Dr. Michael Breen:** They are just as freed from these constraints as patient are. Now, let me ask, obviously, I have eluded to this, Jane, but how else do consumers benefit?

**Jane Sarasohn-Kahn:** Well, consumers and clinicians and health workers, everyone wants to live their life and work and live to their highest and best use as we say in our healthcare field. So, for clinicians, as Kaveh said, people can live a

flexible life, more work-life balance which companies around the world are all talking about. But consumers want life-health balance as well and healthcare has hassles in it so if we can de-hassle healthcare on this issue, get care where people live, work play and pray as the (inaudible) Johnson says, then they can live a more liquid life as well and have higher levels of satisfaction.

**Dr. Michael Breen:** What do you think of the single mom whose kid is sick and...

**Jane Sarasohn-Kahn:** Oh sure, working at least one job often, so she needs to project manage her life in rational ways so this kind of situation could be beneficial to her but also just working families with two parents. I know many of those too. It is very hard to find time to do the extra visit for yourself. You take care of your pet first, you take care of your kids and often, particularly we see working women not caring for themselves so I think this plays really well into that marketplace as well.

**Dr. Michael Breen:** Yeah but you are talking about a whole new paradigm of treatment in which the doctor and patient are not in the same room, there is no laying on of hands, there is some distance involved. There must be enormous regulatory hurdles to move and evolve into this new type of medicine.

**Jane Sarasohn-Kahn:** There are a few friction areas to talk about. First is yeah, there is liquid workforce theoretically but we don't have liquid labor laws in that we have the US 50 states with 50 kinds of licensure for say radiologists or other kinds of licensures for specialties in the states so we have regulatory issues in terms of licensure. There is another area of friction, which is payment. Who is going to pay for these kinds of services if they are virtual? We don't have what's called

parody laws in every state where an in-person visit gets paid the same way as a virtual visit and finally, one of my personal evangelical missions right now is getting broadband to places where it doesn't exist. We can't do a lot of these services remotely if there isn't connectivity.

**Dr. Michael Breen:** That's very interesting. You're right. A lot of this is visual in nature because a lot of these tests are visual and you are going to need a good infrastructure, broadband in order to bring medicine to all these populations.

**Jane Sarasohn-Kahn:** Absolutely.

**Dr. Michael Breen:** So, it is one more reason to get broadband. What is, can I ask, when it comes to licensure, you, there is a slipped disk and it is somebody in Michigan and it is sent to a Mayo Clinic doctor who is the expert to look at it. Is that Mayo Clinic doctor safe in treating this Michigan patient?

**Jane Sarasohn-Kahn:** If they are licensed in the state of Michigan. Right now you have to take the test.

**Dr. Michael Breen:** Before you can read a radiogram from someone in Michigan? See that would strike me as an enormous hurdle. Alright, yes, go ahead Kaveh.

**Dr. Kaveh Safavi:** I was just going to say, I think to broaden the issue a little bit from doctors and patients, this concept is much bigger than that. The challenges, you touched on, is not just regulatory but there is actually a culture, right, our mindset about work being next to us because we can feel like controlling it, is the bigger challenge. So, you've got the workforce, then you've got technology and then you have culture. And the, it is possible that clinical care might be one of the harder ones but there is lots of other parts of healthcare that have nothing to do with doctors treating patients that might benefit from this.

**Dr. Michael Breen:** But again, there will be cultural resistance.

**Dr. Kaveh Safavi:** Absolutely.

**Dr. Michael Breen:** I mean it's, there are these enormous changes that are coming and they seem like they can't be stopped but you have a culture that is set in its ways in many ways. These are challenges.