



DIGITAL HEALTH: CONNECTIVITY, CONVERGENCE, AND FUTURE OF CARE

VIDEO TRANSCRIPT

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Ted Boyle: Hello, I'm Ted Boyle, Accenture's Global Digital Health Lead and welcome to today's discussion on digital health connectivity, convergence, and the future of care.

Over the past 20 plus years, I've been building and leading businesses that create real world healthcare solutions at the intersections between physical and digital capabilities. Digital health to Accenture is better human health, enabled by intelligent and innovative technology. At Accenture, we are facilitating the convergence of ideas and technology capabilities across industries, to achieve improved access, experience, and most importantly, outcomes in health globally. I'm very excited today that Dr. Shantanu Nandi is joining me. He's a practicing safety net primary care physician in DC. He's also a technologist and a business leader, who's the chief medical officer for Accolade, which delivers personalized population health services.

Dr. Nandi was previously a senior health specialist at the World Bank Group, advising developing countries on health system innovation and technology. Dr. Nandi is also the recent author of a brilliant book, 'Care After COVID: What The Pandemic Revealed Is Broken In Healthcare and How To Reinvent It.'

Ted Boyle: So, let me set the stage for our discussion today with a few questions and key challenges that digital health can solve. So, we have primarily a reactive but cute and mostly episodic based healthcare system. Let's focus

actually got connected to a gentleman who primarily on patients and a lot less on health and wellness and expensive treatments for those patients. So Shantanu, I'm really curious on your thoughts about where we prioritize and focus our digital health efforts now.

Shantanu Nundy: Yeah. Well, first of all, Ted, a real pleasure to have a chance to chat with you and I think really excited about the work you guys were leading at Accenture.

Shantanu Nundy: As a primary care doc, let me start with the story. I became a doctor because my mom, when I was in high school developed type-2 diabetes. And so, for 25 years, she had type-2 diabetes. For 10 years, on insulin ever-increasing doses of insulin and never had it controlled. And during the pandemic, because we kept hearing about how if you had a chronic disease and you got COVID, it would be worse, she decided to do something about it.

Shantanu Nundy: So, she signed up for a digital service where she got access to a 24-7 health coach who helped her focus on her nutrition. She had a virtual doctor who she saw not just every three months to your point of episodic, but she actually had a chance to see almost every week in the early weeks of the program. She lived halfway across the country, who came from India, who ate the same kinds of foods that my mom did, who swap recipes with her, and then she was outfitted with some basic wireless connectivity that sent this data to that expanded care team.

Shantanu Nundy:
And so the short version is 25 years of diabetes,



Yes. Yeah. That's a great analogy. 10 years of being on higher dose of insulin, my mom got completely off of insulin within four weeks and that was a year ago. And so, when we talk about, exactly to your point, that care's reactive and what's the potential for digital, that to me is the potential.

Shantanu Nundy: When you look at the tsunami of chronic conditions we're dealing with or mental health, those are driven by people's daily behaviors and yet, we have this very episodic, hey I see you every three months, every six months approach. And for so many people, including my mom, that's just not working.

Ted Boyle: I loved that story in the book. I thought that was a very personal, caring connection that your mother had that really helped her through this. Where she was getting recipes and that coaching that was particularly relevant and personal to her, and so maybe it was less about clinical and more about a personal connection and some guidance and how technology really helped enable that. Because as you said, halfway around the country, but yet driving amazing result, and it didn't have to do with medicine necessarily, but it was there in the background and in the backdrop because I think you said she kind of weaned down on the insulin to make sure there wasn't a shock to her system.

Shantanu Nundy: That's exactly right. And so when we talk about technology, I think too often we have this perspective that it's somehow replacing the human part of healthcare, but I think for my mom, it was enabling of that. And in fact, it's funny if you ask my mom... My mom's from India. She has a pretty thick Indian accent, and when I asked her about that service, "Oh, how's it going to..."

Shantanu Nundy: "Oh, those guys, those guys are my friends. They're my friends." That's how she thinks of it because what the technology is doing is enabling a level of connectivity that was just unheard of for her before. I think about the white noise. You see a doctor, you go three months without hearing a peep and then you see the doctor and it's just... It's white noise. And that's what really was what she needed

ultimately.

Ted Boyle: Agreed, and I think for so many of us, it's not even every three months that we see our physician. I think the average is around twice a year and so I was thinking about that from maybe a financial perspective of if someone gave me two data points on a stock investment and didn't give me any insight as to whether those are high or low or average numbers, said invest, I'd never do it. You'd never do it.

Shantanu Nundy: Right.

Ted Boyle: But with healthcare, I'm literally doing the same thing with you as my physician. I'm saying here's two kind of random data points. What investment in my health and wellness should we make?

Shantanu Nundy: Yes. Yeah. That's a great analogy.

Ted Boyle: So, I think another really interesting case to kind of pull from the headlines is, we've seen some high profile misses that were really, really well-intentioned in improving healthcare, very focused on employees and how do companies help them with their health and wellness. And these were companies with frankly, incredible financial resources, great technology capabilities, and they were very notable misses. And when I think about that, it really comes back to what you talked about with your mother is, I think, how do we increase that employee or personal engagement and what should we be learning from their efforts so that we don't reinvent the wheel a thousand times?

Shantanu Nundy: Yeah. No, it's a multiple billion dollar question as to why these organizations have failed and with all the investment happening in digital health, whether it's your legacy health system investing in it, or you're a new company or a big tech company coming to healthcare, I think they're all looking at this and saying, geez, what can we learn from this?

Shantanu Nundy: I think that there's a lot of components, but to me, I think I really start with the experience. And again, to tell another story,



healthcare is so personal. A couple of weeks ago, my seven year old... I got two girls. My seven year old on a Saturday at 7:00 PM had trouble breathing and she never had that problem before. My wife started... We did the Vicks and did the hot... Even though we're physicians, we try all these things and-

Ted Boyle: I'm relieved to know that I raised my kids the right way if I did the same thing.

Shantanu Nundy: Vicks and Robitussin and it's... At some point, we started getting really scared, Ted and that's the moment where healthcare starts. It doesn't start when we get to the ER or the clinic. It starts that moment when two parents are staring at their kid on a Saturday night saying, "What in the world is going on with my kid here?" And it was just so broken.

Shantanu Nundy: We called her clinic and they said, "First thing is call 9-1-1." And after that they say, "Call your health plan." And then after that they say, "Well, for 25 bucks, you can leave a voicemail." And they didn't tell us, okay, if we leave a voicemail, how long is it going to take to get a response?

Shantanu Nundy: So, we did the thing that doctors did. We found a pediatrician friend from med school. They called into the pharmacy and then we were trying to find what pharmacy is open on a Saturday night. And it turns out that there's all these 24-7 pharmacies, but a lot of them it's the grocery part of the pharmacy is open, but the pharmacy is closed. So, we had to call...

Shantanu Nundy: Anyways, long story short, you go through the whole process and that is... Even though I'm a clinician and I love talking about strategy and clinical outcomes and quality measures, and we talk about payment and investment and also, I think that experience... And the experience can't just be the experience when they're on your mobile app or on your website or in your solution. That experience has to wrap around the person across the full healthcare experience, online, offline, at home and that's what makes it, I think, exceedingly hard for people coming in new to healthcare to make an impact.

Ted Boyle: I totally agree and I think so much of that is technology is great because it's there when you need it. And at that point, right, when you're not panicking, but very, very concerned and saying, "Okay, what do we do?" That's where you want that wrap around support from technology, but the flip side of that is it's frankly overwhelming.

Ted Boyle: And I know you've talked about it in the book where you've got literally hundreds of thousands of health apps and so how to even know in advance which one do you download? And then there's different apps for different disease states, for different drugs, for the different payers. So, now you've got many, many apps and really what you want... Like you said, is you're at that moment and you want someone to navigate you through the care path to say, "Okay, I don't want to hear the recording. I don't want to hang up and dial 9-1-1. I could have done that." I really want someone to guide me through the experience in a continuous connected way where, as you said, there's personal caring and technology helps with the connectivity, but alone it's not the answer.

Shantanu Nundy: Absolutely. Yeah. I think a lot of these days about the personal and the personalized, right? The personal is that relationship, that empathy, that trust which is a word that as technologists, we don't like to say touchy, feely, things like trust. But one of my mentors is tele medicine moves at the speed of trust. How does your service, your application, your tool, your technology engender trust. Because if you don't have that, I think that's going to be game over for you.

Shantanu Nundy: And then the other side is the personalized, which is that the data. I think about my clinic. I think about the moment where I'm embarrassed every single Friday when I'm in clinic is the moment that a patient turns to me and they say, "Okay, doctor sounds like you're prescribing this new medication. How much is it going to cost?" And I just... My heart sinks every time I get that question because you know what my answer is, even though I have this billion dollar EMR my answer is, why don't you go to the pharmacy and when you're at the counter, see how much it is and if it's too much, send me a note. And so, that's the other side of it is...



I think a lot of these solutions that are coming up, they're not willing to own the whole problem, and they're like, "Well, okay, here's the medicine to take." But if you can't answer that next question, again, that whole experience, it just doesn't matter.

Ted Boyle: Absolutely agree. I think trust is so fundamental and in each part of the exchange. So, you've got to trust that your information is going to be secure and it's going to people like your mom trusted, who are going to be part of her care and wellness and to the doctor, and more importantly, in some cases to the pharmacist so that he or she can look and say, "Wow. You're actually on other medications from other physicians that maybe your primary care physician didn't know about."

Shantanu Nundy: Yes.

Ted Boyle: And so, we need to step back and have the physicians regroup and say, "Okay. We didn't all know about this care plan." And again, that's where technology should really be wrapping around us and helping with safety and security. And I think then physicians have an obligation to really start to trust technology as well because it seems that, not to pick on you or physicians, but I think there's a lot of reluctance because there's the fear of well, the technology may highlight what I don't know, and it may not be part of my workflow, which means it adds to my workload. It doesn't necessarily help with patient care.

Shantanu Nundy: Right.

Ted Boyle: I know you worked a lot of that. You talked about in the book and your human diagnosis project so maybe you could add some thoughts there.

Shantanu Nundy: Yeah. No, absolutely. Look, I think that... Prior to the pandemic, there was two technologies that doctors heard about all the time. One was the electronic health record, which for them has been an abysmal failure taking away the precious contact time they have with their patients and creating all this extra work for them. And the other one was this looming threat of AI, which in the worst case was described as someone that would take their

job away. I think what we learned during the pandemic though, if you look at a safety net clinic like mine, we went from zero to 80% virtual visits in two weeks, Ted and I work at a very, very, very under-resourced safety net clinic. And today, I'm about 40 to 50%.

Shantanu Nundy: And I think what, what immediately happened is through that lived experience... It was driven by necessity. We came to trust that platform. I started seeing patients, Ted, who I actually typically didn't see because they were nighttime laborers and during the day they're sleeping, they couldn't come to see me or they had childcare responsibilities or whatever else suddenly I said, "Wow, this thing has given me access to patients that I couldn't see before."

Shantanu Nundy: And then, oh my God, at the end of the day, I'm the same doctor. It's the same patients. It's the same kind of questions I ask. It's the same trust I have to build and so I think that part of it is on the physician side but part of it is on the technology developer side to say is the technology that you're building really helping doctors do the thing that they came to medicine for. Which I describe as the three M's.

Shantanu Nundy: Doctors care about meaning, mastery and membership. They want to be part of a team that's doing something great. That's membership. They want to get better at what they do because they're a profession, their craft and they want meaning. They want to know that they're having an impact and telemedicine was able to hit that in a way that so many other technology solutions don't. And I think that intrinsic motivation, those three M's drive that. I think it's something that... Again, talking about experience, we don't think enough about the physician experience in that way.

Ted Boyle: Yes, and I would also echo that to say, I think too many times we think about people just as a patient and less about them as a person or a human. And I always think about, hopefully most of us live the vast majority of our lives on a health and wellness journey and not as a patient, and that that's a very small percent of our lives. But we don't have a great navigation for that journey. And I think as you said, the physicians are overwhelmed with a lot



of the administrivia and activities and that's where we need technology to help and get you back to really that personal interactive continuous care. So, you have that relationship. I think that's critical as we go forward, especially as the number of physicians continues to decline.

Shantanu Nundy: Right. Yeah. I couldn't agree more. I couldn't agree more.

Ted Boyle: And I don't know that we want to open the can of worms about who pays, because we've seen that fundamental shift to the consumer patient. I think it probably take us another half hour to talk about who the right payer or payers might be. So, maybe that's a topic for another discussion between us.

Shantanu Nundy: Sure.

Ted Boyle: But I know you're busy and I'm sure there's a line of patients both electronically and physically looking for some of your time. So, I want to be respectful of that and maybe just do a quick close, and I'm going to again, borrow a few things from your great book on Care After COVID, where you talk about human centered care or the future will be and hopefully must be distributed, digitally enabled and decentralized so that we improve access, experiences and outcomes. Because as we've talked, digital health won't replace the relationships between people and all their caregivers. It should help empower that.

Ted Boyle: And I think we've got some really great thought pieces if people want to look at Accenture's digital health reports. You go to [accenture.com](https://www.accenture.com), we've got some great resourcing there. And again, I highly encourage people to pick up the book Care After COVID. I love that at the end of each chapter, Shantanu, you laid out specific recommendations and broke it into here's what patients can do. Here's what physicians can do. Here's what the system can do, and I love that. It's a very practical, realistic approach to helping improve healthcare.

Shantanu Nundy: Well, thank you so much. No, it's a real pleasure and like I keep telling people, COVID was, I think, could be a catalyst for change, but now it's up to us and that's

really... That's the next step. It's all about leadership.

Ted Boyle: Absolutely. I think this is the opportunity to take something... It was a tremendous negative and try to find some positive in it to improve care for people going forward.

Shantanu Nundy: 100%.

Ted Boyle: Thanks again.

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