Future of Proactive AI-Powered Healthcare Driven by Connected Devices with Kent Dicks Life365
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Karen Jagoda: Welcome to the EmpoweredPatientPodcast.com show. I'm Karen Jagoda. My guest today is Kent Dicks, CEO of Life365, Life365.Health. The topic today is remote patient monitoring. Kent, I want to welcome you to the show. I appreciate you taking a few minutes to be with us.

Kent Dicks: Thanks, Karen, for having me.

Karen Jagoda: Tell us about the kinds of services that Life365 offers.

Kent Dicks: I've been in the industry for about 18 years now and dealing with remote patient monitoring. We've been fortunate to have built the vision when there wasn't reimbursement and when remote patient monitoring had been started by previous companies that were using wired technology. Our strategy was to use wireless and cost-effective technology to try to get into see patients or to connect with patients who were especially in hard-to-reach places like rural locations, trying to connect them to their doctors.

Kent Dicks: So Life365 is about making sure that we can help support the new models of care that are emerging, that are out there, value-based care, the ability to connect people in rural locations. The ability to get data cost-effectively from patients used to mean feeding the data directly into their HER. It's now really important to be able to feed the data into artificial intelligence and machine learning systems that are going to be used a lot to be able to monitor patients and see trends occurring. This is way before a patient decides that they need to go to the emergency room and be admitted to the hospital.

Kent Dicks: Our big mission is data patient engagement. From that, we aim to feed analytic and artificial intelligence systems and move from reactive care, like we've been doing with RPM, to more proactive care.

Karen Jagoda: What kinds of clients do you work with?

Kent Dicks: Typically, those that are financially responsible for the patient. We're working with large enterprise clients. We've been very, very fortunate to have a relationship with Microsoft and its ability to be able to aggregate data for its health systems on the Azure platform. The biggest thing that its clients need is data coming in from community-based care from patients in rural locations. But we also have been very fortunate to be part of a billion-dollar remote patient monitoring initiative for veterans. And we're going through right now putting ourselves into the Veterans Administration so we can start monitoring veterans from a distance. One of the things we know is that we're entering a time where people and patients are getting older, and with patients getting older, I think 70% over 65 come with one or more chronic diseases, which need to be managed.

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Kent Dicks: It could be hypertension, diabetes, congestive heart failure or COPD, or other things. But we also know that the number of caregivers is starting to dwindle as well and that there's a big gap emerging between the care providers that are out there and the number of patients that are getting sick or have chronic diseases. Technology is going to play a big role in addressing that. So, our clients, to get back to the original question, are the enterprise players that need to be able to manage large populations of patients. Still, they also need to know they can use technology to try to nudge a patient into compliance or get data early so we can do early interventions and avoid costs.

Karen Jagoda: What is the current state of remote patient monitoring? Are they wearables or environmental sensors? Are there other ways that people's vital signs are being tracked? Give us a sense of the range of remote patient monitoring devices.

Kent Dicks: I think that's part of the benefit, but a part of the issue as well is that we interface over 500 different medical devices, blood pressure devices, scales, wearable sensors. There are companies that are wearable companies and consider themselves a remote patient monitoring company. They're acquiring data and trying to give data back to the patient or the person so they can do their self-managed care or try to nudge the patient into compliance in some way. Some companies do OEM medical devices like scales, blood pressure, and glucometers that do remote patient monitoring and do a combination of those devices for remote patient monitoring.

Kent Dicks: It's really interesting: we're having these conversations with pharmaceutical companies or have these conversations with medical device companies that are out there or procurement companies, purchasing companies, GPOs. A lot of health systems come to those organizations to be able to get devices like glucose strips or glucose meters or blood pressure devices, but ultimately, what they're after is the data that comes from those devices, either for self-management or to help drive artificial intelligence.

Kent Dicks: So we're getting more and more sensors and more data that's coming to drive artificial intelligence. I always say that doctors don't need to have any more data. They're already inundated as is, but artificial intelligence systems are consuming it vastly to try not only to look at trends and trying to understand populations but also to try to personalize healthcare to be able to make sure they get maximum engagement out of you and try to keep you out of the hospital. So, in the U.S., there are probably 200 to 300 RPM companies that consider themselves patient monitor entities today. We've learned from this that you can't be a device company solely on your own. You've got to be able to offer strategic partnerships with companies that allow for strategic integrations and offerings back to the patient.

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Kent Dicks: We've also got to offer a service line for monitoring the patient and trying to keep them compliant and out of the hospital. So we have partnered with a lot of different companies to be able to provide that care monitoring, CPT code, and billing engagement of patients using conversational AI to get a patient engaged to get the data, even voice biomarkers, companies like Canary Speech and others that allow us to be able to understand the patient without deploying any type of device so we can get early indications of what's going on with them.

Karen Jagoda: I'm glad you mentioned Canary Speech. I talked with them relatively recently. I'm very interested in biomarkers and that was one of the more interesting biomarkers that has been recognized. So that's another whole world. The whole idea of testing and whether it's through non-invasive biomarkers, blood tests, or some such, there's a lot of data out there. And so the one thing I find intriguing about your solution is that you are embracing all this data and taking this approach that's not reactive but proactive. So, the whole idea of connecting these dots will become more significant. How does this result in, for example, a lower readmission rate? You said that you're helping people stay on their programs, but are you getting some real numbers about reducing their readmissions?

Kent Dicks: We have a relationship with White Plains Hospital. They're owned by Montefiore in New York, and we recently just did a heart failure program with them. Traditionally, congestive heart failure read rates can sometimes be mid-20 % for hospitals that are not putting any type of controls or programs around the readmission rates. It'd be great if you could get that readmission rate down to single digits. With the White Plains people, we got our congestive heart failure patients down to 2.6%. And part of the reason we got down to that number is because it was bundled in a bunch of different ways. First of all, they were using Empress Ambulance, and they still do to be able to go into the patient's home, take baselines and vital signs, and get them initially set up with the equipment.

Kent Dicks: Bringing an RPM solution into a home doesn't mean you have to configure the devices, per se. This means that you may have to teach an elderly person, a senior person, or anybody how to take their blood pressure correctly. They may not have ever taken their blood pressure before, but making sure that it's aligned correctly on the arm and transmitting the right data is paramount. The other things that we did, too, were noninvasive technology, wireless technology, and engagement with patients. While everybody else was using plain old phone lines, I was starting to use cellular devices to automatically connect, take the readings, automatically connect, and send.

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Kent Dicks: We sent out a cellular device that's a cellular-enabled scale or cellular-enabled blood pressure device. So, it came from the shipping department and went directly to the patient. They took it out, put the batteries in, and took their first reading, and it automatically connected to the system and went to the cloud.

Kent Dicks: When you try to download apps, as in my mom's case, she had a flip phone and so couldn't download an app with it, but trying to get any senior to pair a device to Bluetooth and test it and everything else that goes with it, there were just too many failure points along the way. So we eliminated those failure points, and the program became incredibly successful by having the ambulance company upfront to triage and baseline the patient and send out devices that are self-connecting and able to send the data automatically.

Kent Dicks: One of the things I was going to say quickly about reactive versus proactive because that's my mission. I call it the four or five Ps of care. I've been inspired by Dr. Leroy Hood, who was part of the million-person genomic project. But he talks about genomic data, EMR data that's out there, but also digital health data, and we need to be able to acquire it. You can get all the EHR data you want for learning, and the new quantum computing and the new AI will just turn that up within minutes to understand patterns. If the model goes through and says any time Ken Dicks has blood pressure above 60 and his oxygen is below 85, he's going to have an event within the next five to seven days that could lead to an emergency room visit, an ambulance ride, and, ultimately, admittance to the hospital.

Kent Dicks: We want to be able to move to the 4 Ps, which are proactive, preemptive, prioritized, and personalized care, so we can start looking at data signs that are coming from Kent way in advance. Also, when I put prioritize there, I want to know of the thousand patients that White Plains is looking at, which one bubbles to the top first, that I need to be able to prioritize and give care to them instead of having to wait until they go to the emergency room or to the hospital to be able to work with them. So when I mentioned Canary Speech on this, one of the things I show in our program is this hump, and on the left-hand side of the hump are the old Fitbit devices that are out there with a lot of people, but they have very little impact on your healthcare, maybe your fitness, but not your healthcare.

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Kent Dicks: On the other hand, there is complex care, which is a lot of expense. But I want to start nudging them into keeping compliant and giving them numbers for self-management without going through and having to ship out all these devices and equipment. So, on the complex care side where we're at on RPM, I can ship out a cellular device and a blood pressure cuff versus a significant amount of money because they're going into the emergency room.

Kent Dicks: But what about those you want to stop before they get there? Besides partners like Canary Speech, other companies are doing facial acquisition of data. Once that starts to become FDA-cleared, I should be able to use data in the middle of this hump to be able to get somebody compliant by nudging them because I've learned their patterns and started being more proactive in care instead of waiting for reactive care.

Karen Jagoda: And taking some of those early warning signs that a clinician may not discover and giving patients an opportunity to change the path of the progression. Maybe they even stopped the development of it. What you've described is a great example of the Internet of Things. I'm wondering, from your perspective is that where the future of mobile health and sort of remote monitoring is going because it's also able to give a continuous flow of information, not just a snapshot, not just an annual, or when you go into the doctor's office, but a more continuous flow of data.

Kent Dicks: So we have to be careful when we're inventing new things and new industries. I was probably the inventor and held patents on the first Internet of Things in healthcare with my first company that I sold. It's all about getting the data, but you need to do it in a non-creepy way, right? From that standpoint, you can't be sitting there for ambient listening and trying to do things with that. People just aren't there yet. You've got to be straightforward in how you're collecting data and be very honest. I know myself. I go through cycles just like any human does out there. My cycle right now is to track what I'm eating, to track my meds from that, but also to track my labs and to know my numbers. I have a couple of programs out there that I use, but I'm finding that the programs are starting to talk more to each other.

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Kent Dicks: I'm using one program for weight and some of my vital signs with it, but I'm also wearing a continuous glucose monitor because I want to see on some of the programs I'm doing how it affects my glucose on a regular basis. Plus, I'm just naturally curious about data flowing from the body. I noticed that my glucose was starting to flow into the LUCIT program. Why is that? Because I connected it to Apple Health right from that, I gave it permission. So things are starting to flow from that, but it's got to be done with permission, where it's not done in an invasive or creepy way.

Karen Jagoda: Well, before we run out of time, I'm just wondering what has been the biggest surprise for you regarding the development of these wearables and the ability to track all these health signs. I wanted to talk to you because you are such a pioneer in the space. What expectations have been surpassed, or what's been surprising?

Kent Dicks: It's interesting when I did a speech a couple of weeks ago, there are things that drive markets forward, and I was showing a slide about what drove the computer programs forward. Well, it was the advent of the personal computer. And what drove all the apps, Uber, Airbnb, and all that stuff? Well, with the advent of the smartphone, I thank God for Marty Cooper for inventing it. But what is the predominant thing that's driving us forward now? Well, healthcare costs have to change. We're going to be up to $6 trillion here in the next couple of years. When I started, it was at $2 trillion.

Kent Dicks: But the thing that's forcing change now, not only because we're aging and we're losing care providers, it's AI, and quantum computing is the thing that's going to drive all this to the next platform. From that perspective, it's a nonstop thing that's out there. If you see the robotics and Starlink and all the stuff that's coming with it at the same time, it's emerging incredibly fast. So we've got to get into the rural communities. We have to stave off our costs.

Kent Dicks: Now, as professionals, I take a little bit different approach. We've got to be responsible about it. The thing that really made my jaw drop the other day, and you probably already saw it, was when Google announced the Willow quantum computing chip, saying that it's faster than anything in the marketplace. You can do those calculations in five minutes, 26 times faster than existing tech. And it's just amazing to me that technology is coming so fast.

Karen Jagoda: You mentioned the veterans that you're working with earlier. What else can you tell us about how your solution impacts the lives and the health outcomes of that audience?

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Kent Dicks: Yes, this is where I get incredibly excited. We've been very fortunate to be part of the VA's Remote Patient Monitoring program that they currently offer with four different companies. It's a billion-dollar initiative. It's for the next eight to 10 years. There are 18 million veterans in the U.S. today. There are about 10 million people who utilize the VA every year. However, under this program, they are currently doing remote patient monitoring on about 70,000 veterans. And they also have an initiative to bring care closer to the veterans. So, we're very fortunate to be working with Valor Healthcare, which has clinics in rural communities and community-based outpatient clinics to connect with veterans. And then we're working to go through and then hyper-virtualize from those clinics into the rural communities.

Kent Dicks: So, they have 70,000 veterans they are taking care of right under this current initiative, but the VA wants to extend it to 700,000 to 2 million veterans. Part of that is out of need. Part of that is because they just don't have and will not have enough care coordinators going around to able to take care of veterans. So they have to utilize technology to help do that and bring quality care to the veterans. I mentioned offline that I had testified in front of a congressional subcommittee on veterans in rural and highly rural locations and what kind of technology and solutions we could bring to reach those veterans. If they are three or four hours away potentially from their doctor, what's going to happen? Most likely, they're going to exacerbate their disease states, and they're going to become much sicker, and their quality of life is going to be much, much worse, and they're going to have to be airlifted to be able to see a doctor.

Kent Dicks: Telemedicine, telehealth, and RPM will all play an important role in this going forward. So I mentioned earlier a relationship with Canary Speech and some others that do facial acquisition. Still, we see that once we get to the core of working with the veterans in the home (the 70,000 we're doing right now), we have the ability to do telehealth visits. From that, during telehealth visits with the VA, you're able to not only get the vital signs but also use the microphone on the computer or the smartphone, and you're also able to use the camera.

Kent Dicks: So, if we can go through and use the microphone and the camera to be able to get some initial data from individuals through telehealth visits, that would give us some good indications by using some of the biometric markers of whether we need to prioritize that person higher to receive devices or extended care instead of just waiting until they go to the emergency room. I'm incredibly positive about where this technology- these voice biomarkers, AI-driven sensors, and disposable sensors- will play a much more active role in getting that data to feed the AI needed to monitor these larger populations.

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Karen Jagoda: Thanks to my guest today, Kent Dicks, CEO of Life365, Life365.health. I'm Karen Jagoda, and you've been listening to the EmpoweredPatientPodcast.com show. Thanks for listening, and we'll see you next time.

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