Episode 32 – KardiaComplete: Making heart health personal through proactive technology and support

[THEME MUSIC]

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SIUPO BECKER: Wow, that's huge.

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NARRATOR: Welcome to the Cure for the Common Co., a podcast series looking at innovations in the world of employee health and wellbeing. Steve Blumenfield and other experts from WTW's Health and Benefits practice are talking to entrepreneurs and industry leaders who break ground to meet the needs of today's workforce and deliver benefit solutions that can separate employers from the pack.

STEVE BLUMENFIELD: Hey, Archana.

ARCHANA DUBEY: Hi, Steve. How are you?

STEVE BLUMENFIELD: I'm great. Hey, everyone. Welcome to the Cure for the Common Co. Podcast. I'm Steve Blumenfield Head of Partnerships and Alliances for WTW, and I'm pleased to be joined today by Dr. Archana Dubey, Chief Clinical Officer for AliveCor, and we're specifically talking about KardiaComplete, that's Kardia with a K, actually. Which is a new system and solution that has actually been in the market for a while, but includes an integrated six lead ECG that consumers can use themselves and blood pressure monitoring with coaches and clinicians. An all-in-one platform. She can say more about what that means. Welcome to the pod, Archana.

ARCHANA DUBEY: Thank you, Steve, for having me here, looking forward to our conversation.

STEVE BLUMENFIELD: As am I. And I'm also really looking forward to talking once again with our own Dr. Siupo Becker, one of our clinical thought leaders in cardiovascular health and just a really fun person to do pods with. Welcome back to the pod, Siupo.

SIUPO BECKER: Oh, thank you, Steve, I appreciate it. I'm excited to talk to both of you today.

STEVE BLUMENFIELD: You see, that's what I said, she's great. OK, OK, I'm outnumbered by doctors who are going to dazzle us I am certain, but Archana you get to go first. Just tell us a little bit about yourself and what you're trying to accomplish with AliveCor and KardiaComplete.

ARCHANA DUBEY: Absolutely. I'm happy to share my personal journey. I'm a physician by training for 25 years after being influenced and inspired from a personal loss. I have practiced in high performing health systems like Stanford for a decade at UC Davis trying to really drive cardiovascular care and a whole person care being a physician. 10 years ago, I did do a pivot into joining the self-insured employers and supporting the payers for population health. And then a year and a half ago, I joined AliveCor to build a product that helps cardiovascular health for individuals. And, of course, for their employers and health plans.

STEVE BLUMENFIELD: So, just to punctuate a point you glossed over there. You're living the life of a lot of people listening to this podcast, you actually are working on the employer side, just say a little bit about that.

ARCHANA DUBEY: Yes, so in 2012, I joined Google as their Medical Director helping the self-insured employers to help design benefit design with a lens of population health also doing vendor partnerships, the vendor vetting and partnerships. About a decade ago, I joined HP and HPE as the Global Medical Director, and sat on the buying side of the table and helping with the cost of care. But most importantly, the member experience, and clinical outcomes for our population spread out globally.

STEVE BLUMENFIELD: That must just give you an incredible perspective. And then before we dig into the meat of the discussion, give us a little bit of an overview of the KardiaComplete program.

ARCHANA DUBEY: Yes, KardiaComplete is one single AI informed platform that combines our FDA cleared technology from AliveCor in the form of EKG and blood pressure from Omicron, and gives five in one solution for the members, which includes the care monitoring through the devices for EKG and blood pressure. So, cardio and vascular and gets care services through our coaching and cardiologist nationwide, cardiologist solution. It has a virtual assistant that supports you 24/7. It does have care integration and navigation into the primary care. So we share back data with the primary care providers and then also refer into the employer partners network of solutions. And the last, but not the least, longitudinal intelligence into how the cardiac health is doing for that member. So that is in nutshell, our KardiaComplete solution that is today solving for hypertension, high cholesterol, atrial fibrillation, and other risk conditions.

SIUPO BECKER: I love that, Archana. Your timing is impeccable, because I was just wondering since COVID cardiovascular spend has gone up significantly for almost all of our clients, and is now one of the trend drivers. And is it related to COVID? How is it related to COVID? And then how does your solution address that?

ARCHANA DUBEY: COVID is the time where even in my current other part-time role at HP. We noticed that cardiovascular is definitely a concern in the employer space, because not only disrupted their network of clinicians that they were getting care from, but it also had a lot of sedentary lifestyle for the individual, because they were working in front of the screen. And it also built some habits of eating or consuming more of substances. So, it created a lot of risk factors to elevate, enhance, and on the top of it COVID, is a multisystem inflammatory condition. So it definitely affects heart. And you and I being clinicians, we do know that. And so cardiovascular was a problem pre-COVID, it has become way more urgent now.

STEVE BLUMENFIELD: Let's talk about that model for a second. And this is one of the most compelling things about solutions like KardiaComplete, we see this evolution happen in lots of different markets. You mentioned that a moment ago, but if we think about what happened in the behavioral health space, we had a lot of almost apps at some point, it was self-care solutions, and then someone would wrap around some digital care and navigation, and then at some point somebody would figure out there's an end-to-end solution here that also involves care from a clinician, and then really smart companies engage people with tools that they could use in their homes. So it seems like you've done something that's fairly similar to that that's quite robust, could you give us an overview of what the components are at a high level?

ARCHANA DUBEY: Yes, absolutely. So our technology that the member journey or member interaction starts is at the device level. So we do have an EKG device that is getting signals from the heart, and a blood pressure device that's getting signals from the vasculature. So it's cardio and vascular solution. And so the devices start to gather this longitudinal data, not only for the information of the individual or member, but also it informs our team that is working behind the scenes to support and respond to this data in a proactive way.

So the platform of KardiaComplete takes the data from the devices, and the member symptoms or member interaction and gives this real time in the hands of the quarterback, which is the coach, and the coach is able to respond and engage with this individual. And whenever there is a clinical need or escalation, can escalate this to our nationwide network of cardiologists that supports. So we are able to support this patient to self-manage themselves through a knowledge care programs or clinical knowledge that we've built in the platform in our partnership with Mayo and American Heart Association. They can also lifestyle manage them with the help of our coaches, and they can clinically manage them with the help of a cardiologist, so we go all the way to the highest level of care.

STEVE BLUMENFIELD: Yeah.

SIUPO BECKER: That sounds awesome, Archana. So, if I were a patient, and I'm somebody who has known heart disease, and I'm engaged with KardiaComplete and all of a sudden I get chest pain, but I'm not sure if it's real chest pain, or if it's maybe some of my anxiety, because some other stuff is going on. How would I interact with the system? What would the devices show? Like, what would be triggered, and how would you start working with me?

ARCHANA DUBEY: Of course, there is the proactive aspect and in the moment aspect to KardiaComplete, so the member journey really starts when we work with our employer partners or clients. And if they provide us an eligibility file in which we have individuals with the diagnoses that we invite and participate with us. We don't want to wait for the symptom to happen. And then they enroll, we want to enroll these individuals ahead of time. And then once they enroll in a very simplified way, because I have gone through trying out several products. You don't want too much of enrollment burden on the individuals. It's very simplified. Very much a life course style in which that individual is able to enroll into a platform.

After enrollment, they get their devices delivered to them. While the devices are in the mail, they get to meet a coach, whether it's Coach Ashley, for example, and then Coach Ashley gets their medical history and others in a very succinct way, so that they're able to develop a risk-based profile for that individual. And then we start the member journey with a cardiologist visit. So our cardiologist is able to meet up, they review all of the historical data, they review all of the baseline data from the devices, all of the EKGs that they've gathered for the week, and the blood pressure, they've gathered for the week and sits down with the patient virtually, and then develops a care plan for the entire year.

Now in the entire year when the member experiences, just like what you mentioned, so if you were one of the members, and you were experiencing something like this, the system is going to prompt, of course, use of the two devices that are already in your hand. And these devices may show several things. They may show, oh, it's just anxiety. It's just a tachycardia repeated again in a few. And of course, a coach is seeing this in the background, and reaches out and say, hey, Subo. You're having some tachycardia, what's going on? Are you feeling anxiety? Here is a solution from your employer. An EAP solution, or here, is a CBT technique that you can to address your stress or anxiety.

[INTERPOSING VOICES]

STEVE BLUMENFIELD: So there's some tools, and you also link back to the programs that the employer has. If we could just draw a distinction here, I mean, Siupo when a member today has that issue, just go through what we typically know and don't know from the physician's standpoint, from the employer's standpoint, what usually happens without a program like this?

SIUPO BECKER: That's a great question, actually, Steve. So, without a program like KardiaComplete. What happens is, I have chest pain, I know I have heart disease. Well, I could be having another heart attack. I'm going to go right to the ER, because I want to live. And instead with this program, I have the ability to talk to my coach to reassess some of my vital signs, including my heart rate, my heart rhythm, my blood pressure, and then also to speak to somebody to really work out whether or not these symptoms are truly cardiac related. Wouldn't you say Archana?

ARCHANA DUBEY: Yes, absolutely. We have shown in studies that when our solution was in place, we were able to save 56% of emergency room utilization.

SIUPO BECKER: Wow, that's huge.

ARCHANA DUBEY: 68% of hospitalization. That's huge.

SIUPO BECKER: Say that again, 56% ER, and what was the other?

ARCHANA DUBEY: 68% of hospitalization.

SIUPO BECKER: That's huge.

STEVE BLUMENFIELD: This is amazing. Yeah, it's huge.

ARCHANA DUBEY: That is a high percentage. And think of for an employer even in a year, if you're able to save five of these visits, you would have covered the entire lives of the eligible population.

STEVE BLUMENFIELD: You might have also saved some lives by the way in the process by people getting instant reaction, and that's the part that's I think most fascinating. For either of you, the choice of doctors to answer this question, what's the typical interval between visits to your cardiologist?

ARCHANA DUBEY: In the real world?

STEVE BLUMENFIELD: Yeah, exactly.

ARCHANA DUBEY: So, let's say, I'm going to pick on you, Siupo. Let's say, if she does have that event of chest pain or whatnot, and she decides not to go to the emergency room, which she should probably, if she doesn't have the devices, then if she tries to make an appointment with the cardiologist, it's about a month and a half to two months out if she's lucky. She lives in an area where there's a cardiologist.

STEVE BLUMENFIELD: That just to be clear. You're worried, and you want to make an initial appointment, so you're a month and a half out, unless you go to the ER, and so that's the problem. Well, let's say you're someone who needs to monitor what would be the frequency between visits, because when we talk about other solutions outside of this. Let's say whether it's digestive health, or diabetes, or something else. The standard of care that we would hear is, you go for your visit, and then you're supposed to keep track for three months for your next visit. Which, of course, is pretty hard to do when you're not having any interaction. So what is that typical frequency of interaction with your cardiologist?

ARCHANA DUBEY: So, Steve, you're absolutely right. As a primary care physician and my patients with cardiology needs, they get to see the cardiologist every six months.

STEVE BLUMENFIELD: Six months? Six months?

ARCHANA DUBEY: Yes.

STEVE BLUMENFIELD: Yeah, so there could easily be an emergency room visit, a hospitalization, a death. God forbid, but OK, so we've got this program now, and it compresses that frequency significantly, how frequent are those interactions with the devices, with the coach, with just give us a sense, are we talking about now it's once a week, is it once every couple of days for a period, without going to the details which we'll probe into, how does that frequency changing?

ARCHANA DUBEY: I would qualify that each one of the frequency is very clinically evidence-based. So we risk stratify the population. To somebody who is a stage one needs to do the initial two weeks of blood pressure daily. And then they can go back to once a week of blood pressure and EKG, so I'm talking both devices at the same time. So blood pressure and EKG for a two-week period. And then once the baseline thing is done, that person with low risk can go once a week. Somebody who is medium risk will do two to three times a week of checking their vital signs. Somebody who's high-risk we actually recommend almost every other day, so that they are able to have not only in the moment data, but a longitudinal data. So we can see the trend coming on before the event happens. So that allows for our team to respond proactively.

STEVE BLUMENFIELD: So you're telling it to the needs of the situation individual, but to not miss the large point there. It's worth repeating if this were in this traditional standard of care environment this person if they didn't go to the emergency room is going to be having a very long delay from a month and a half to six months before the next interaction and/or maybe an appointment some time in between the check in, but you're not going to have the consistency of checking these readings remotely and a coach monitoring you under the supervision of a doctor. So what we now have is an environment where the care comes to you at the time of need. It stays with you while you stabilize, and then it kind of normalizes to what's necessary to maintain and improve your health.

ARCHANA DUBEY: Absolutely, some of the behind the scenes. And I think Siupo, you would appreciate it, is the care gap closures that we are doing. Our coaches are responding to the EKG, and the blood pressure reading, but they're also responding to the care gaps that the individual may have. For example, if for an A-fib population, there's a huge care gap of blood thinner usage. So we do what's called a Chad VASc score. So I'm talking a lot of medical jargon here, but my goal is to spread the awareness that this is a clinically sound program that is also helping that employer, client of ours, to close out these important care gaps that can lead to a stroke, because our patients with atrial fibrillation, for example, are five times at risk for stroke, which can be a debilitating condition that can be also very costly for the individual and the employer.

SIUPO BECKER: I think that your solution is so interesting, because it doesn't just look at what is your blood pressure. I like the flexibility. If somebody is having an issue that you can increase the frequency of monitoring versus dial it down. You can increase interventions versus dial them down. And then, that you hit so many different topics. So you talked about atrial fibrillation, which is like an irregular heartbeat rate that basically can cause stroke, which is super scary. And then that's why people are put on blood thinners, so that you hopefully won't have a stroke, even though you have the irregular heartbeat. So you find things like that. That's amazing. Tell us more about your medication management.

ARCHANA DUBEY: Yes, absolutely. So I'm going to step back and say with three objectives is what we are driving and metrics that we are watching. One is definitely the member experience. That is, we bring the 10-year experience we can bring that. Second is the clinical outcome, which is what I was just talking about with closing out the care gaps. In that, is med adherence. So our coaches specialized, and they are trained further as they're onboarding on at AliveCor to become specialized heart health coaches. And they are driving med adherence for the individual. So that's the first part of medication or clinical level help that we give to our members.

So they are evaluating which medication the patient is on, they are helping them to adhere to it, they're educating them for side effects and others, and they are also seeing if their health disparities in medications that could be happening. And there are unique health disparities, especially what we were talking about the blood thinner, certain ethnic and racial group gets Coumadin, and they're not given the NOACs, which are the standard of care now. So we are bringing the entire population to the standard of care while also doing med adherance.

And then the second part is medication, evaluation, and adjustment. So when we see a clinical escalation, which is the clinical escalation that could be either data-driven from the EKG, or it could be the trend driven. So the patient is not doing well and not adhering, it becomes an escalation for the coach to now reach out to our cardiologist group and get their insight into how do we better manage this individual. And then we share back that information with the patient themselves, and their primary care physician, or their primary cardiologist, so that we are tying back that loop with the care team that exists beyond our KardiaComplete.

SIUPO BECKER: OK, that's perfect, because that was exactly going to be my next question. How do you interact with that treating provider then? What do you provide? Is it email support? Is it actual readings? I mean, do you take all the data you receive and then packaged it up for them? What does the treating provider receive?

ARCHANA DUBEY: We do provide regular reporting back to their primary care physician, and we also provide documentation of clinical escalation back to their primary care physician. And it's important for us, because it allows for the patient to get coherent care and cohesive care on both sides, and not get fragmented care that they're experiencing today with all these point solutions. We want to coexist with their own medical home. We have done that for the last 10 years, sharing that data with the clinicians, and we will continue to do that.

STEVE BLUMENFIELD: I wonder the first time you're as a primary care physician or a cardiologist, you get a call or a note from this virtual care solution the member has, I imagine that wasn't a friendly exchange at first. So, what has been the experience, how has that grown, how has that changed, how receptive are those doctors?

ARCHANA DUBEY: So we learned from this experience.

STEVE BLUMENFIELD: I bet.

ARCHANA DUBEY: Yes, so as they received this the specialist report they were like, specialist? I had no idea. By the way, I was on the receiving end as a Primary Care Physician. Somebody says, I'm on, I'm on, and I will not use the word, but it begins with L and ends with O, I'm on that program, and I'm getting managed by that. And I wanted to know the report, because I as a clinician, I can support them in that journey.

STEVE BLUMENFIELD: You want the data. Yeah, for sure.

ARCHANA DUBEY: Yes, I love that idea that they were proactive about the care. But I was totally blindsided to it. So what happened is even though we're sharing the report, we didn't want it to be a surprise. So we do have a mechanism of a welcome letter that we have created in which we do provide and inform their primary care physician that your patient is enrolled in a program called KardiaComplete. It does this five and one things for your patient. It does care monitoring, it provides care services, and with enhanced coaching or specialized coaching, it has a virtual assistant. It has an ability to share back data with you. We also want to know how much data they want to see. And then, of course, last but not the least, we will provide you an ongoing longitudinal report on your patient. So we do have a cadence that we have created like a monthly reporting. But if there is an escalation, we will share back with them.

SIUPO BECKER: And can you actually get a member seen earlier? So, can you actually outreach to the treating cardiologist and maybe get the patient in sooner?

ARCHANA DUBEY: Yes.

SIUPO BECKER: OK.

STEVE BLUMENFIELD: Great question.

ARCHANA DUBEY: If you do get a peer-to-peer call. And this is something that I've experienced as a clinician. I'm sure you Siupo, you have experience too. If you pick up the phone and call another clinician, they're more likely to respond to your advocacy than if the patient themselves call, unfortunately. So that is something that we do if there is an acute need we are enabling that, we will enable that for our client partners.

STEVE BLUMENFIELD: Well, that's just so hugely valuable, and also can keep you out of the emergency room. That's just wonderful to hear. Let's just pull back for a moment. This is a solution that's actually been in the market for a long time. In fact, you've been selling to consumers, I think I've heard from you and from what I've read, that over a million consumer, other downloads or interactions with your platform. Just tell us about how long it's been in market with consumers before you turn toward the payer markets.

ARCHANA DUBEY: I would talk about Kardia, and then I'll talk about KardiaComplete. KardiaComplete is an enterprise solution. So, I want to qualify that. Kardia is a technology solution for direct to consumer has been in the market for 10 years since 2012. When we got our first FDA clearance for our first device, that is the single lead. And I just want to also qualify that every device that we use from AliveCor is FDA cleared, clinically validated, and well studied. We have 180 peer reviewed articles that have studied our technology.

STEVE BLUMENFIELD: Yeah, wow.

ARCHANA DUBEY: So we have two million hearts that we serve. 2.2 actually, and counting.

STEVE BLUMENFIELD: 2.2 million hearts that we serve. Very nice. That's a nice thing to be able to say. Yeah.

ARCHANA DUBEY: And out of those 165,000 people have signed up for subscription with us, which is a direct to consumer subscription. It is not the bundled solution we just talked about KardiaComplete, but it is just having access to a network of cardiologists, because access is so disrupted.

STEVE BLUMENFIELD: What it does, though. The reason I ask that question is because that consumer intimacy, nothing teaches you how to make a product better than as much as asking consumers to pay out of their pocket for it. So the user experience that is applied here has been tested with consumers. And it's a lot of subscriptions to have, asking folks to pay out of their own pocket.

ARCHANA DUBEY: That's our unique differentiation, and we feel pride in winning the trust and building the trust with our direct to consumer space. I would say that all of the work the hard work that we have done behind the scenes around clinical validation, FDA clearance, the provider buy in. So 60% of a device sales comes from provider recommendation. Before joining AliveCor even I recommended my patients to buy devices and use them to monitor them. So, yes, there is immense amount of validation from adoption, from the patients, and from the provider. AliveCor's mission driven to bring this to enterprise, it should not be a luxury of somebody who can afford it. It has to go behind the paywall to make it available to everybody who needs it.

SIUPO BECKER: That's amazing. So, Archana kind of what I'm hearing overall, the member satisfaction is great. You know that from direct to consumer. And now over time after working with providers on KardiaComplete the enterprise solution, you're also getting provider buy in too, because they're better able to manage their members. And then they can feel reassured that there are these devices that are continuously pretty much outside of their care watching over their patients for them, right? I mean, I can't think of anything your program doesn't do at the heart, but if you were to look at a magazine cover, say in five years' time. What would be your ideal magazine cover? What would it say about your program?

ARCHANA DUBEY: Maybe the title may say AliveCor, because heart matters.

STEVE BLUMENFIELD: Very cute.

SIUPO BECKER: OK, that's very good.

ARCHANA DUBEY: AliveCor has turned the heart on. We want to make heart matters personal. We've seen success in breast cancer drive, and cancer drive in general, and made a huge dent in cancer rates. We want to make heart health personal for people. And if there is a way that employers embrace it, the employees and the members embrace it, that would get us to take this further.

STEVE BLUMENFIELD: Excellent, well, let's break into each of those for a moment. Employers and members. So, first for the employer. There are solutions out there today, some of those are built around cuffs, and maybe some coaching. There are also consumer devices, like the Apple Watch, and I know that you guys have a patent that actually precedes that, and your technology has been FDA approved, which has to be on the consumer side. But if an employer says to you, well, gee, one of my people have Apple Watches, they can get this for themselves. This is a consumer solution, or we've got we've got this cuff solution that's happening today. What do you say to that? Why is this different? And why should this be different?

ARCHANA DUBEY: I would put my hat off, sitting on the buying side of the table. When I looked at productivity, quality of life for my member population. When I look at cost of care both on the high-cost claimant side, on the condition management side, and on disability side, cardiovascular stands out as a sore topic that we have no real solutions for. And so now I put my AliveCor hat on. We want to become our employer partners for everything cardiovascular. We don't want to be a point solution for hypertension, then another for AFib, another congestive heart failure. Nobody comes in with one condition only. Patients come in with polychronic state and our platform is uniquely positioned to serve them wherever they are, and then help drive the three objectives that I mentioned for that employer client.

The member experience. Imagine 10 years of experience. We're not custom-built for an employer. We are custom-built for your member. That is uniquely different. So, most employers worry about, can you engage my population? Imagine your member getting a box, a heart health kit that is Kardia device that they just seen the ad in one of their football games is now being delivered from their own employer. How much engagement pride and member experience you have enhanced already. So that's one objective.

The second is clinical outcomes. You want a partner that is really moving the needle on clinical outcomes, not making you feel good that you have a digital experience.

So, if you're not keeping patients of an asymptomatic conditions like hypertension at goal, asymptomatic condition like cholesterol at goal, you're really letting that person cook into becoming a cardiovascular disease in future. And that's one of the inventions that we are working on is that untreated or poorly treated hypertension has a link to cardiac disease through changes in the heart muscle. We're working on being able to have a patent and to be able to get FDA clearance to be able to see that muscle change early on, so we can optimize the medications to better manage that patient.

STEVE BLUMENFIELD: And this is the left ventricle hypertrophy.

ARCHANA DUBEY: This is left ventricular hypertrophy. That's a condition that is the link between primary heart condition of hypertension to heart disease.

STEVE BLUMENFIELD: It's like when Popeye has the giant forearms. It's like that giant part of the heart that's working too hard, that's going to break down. You've got to get that back into control.

ARCHANA DUBEY: Absolutely. Left ventricular hypertrophy leads to thickening of the heart muscle that's pumping against high blood pressure. So it's buffing up the muscle. So it doesn't feel very well. So, it causes congestive heart failure. It does not have enough electrical stimulation, so it causes atrial fibrillation leading to stroke. And then it does not have enough blood circulation that supports that thick muscle. So it leads to heart attack. So all cause of bad news or all cause mortality linked to cardiovascular disease is linked to left ventricular hypertrophy. So that is something that we will be striving to improve clinical outcomes by truly working on reversing cardiovascular disease.

STEVE BLUMENFIELD: That's very exciting.

ARCHANA DUBEY: Let me qualify. It's not available yet, but we are marching towards it, because our goal is and our mission is to become that clinically sound solution that reverses cardiovascular disease.

STEVE BLUMENFIELD: Look, when you've got a solution that's actually collecting data, you've got it with frequency, and you've got the clinician and coach interactions, you should be able to look longitudinally and make those connections over time. That's one of the greatest promises of digital and virtual care. Just the ability to track over time in a way that just doesn't happen in most doctor's offices. They're not equipped to do it. They don't have the tools to do it. And you have to do these retrospective analyzes across varied data sets with inconsistent data. You have consistent data over time with greater frequency, you should be able to draw this connection. So it should help discover and prove these things, other things that's really exciting.

SIUPO BECKER: You guys are always so innovative. You're always kind of pushing to what's next in the heart. Because if you look at it, a lot of the payer groups. They all provide disease management programs, and in those disease management programs are heart disease. And usually heart failure. So, Archana what do you say when clients ask you, well, we already pay for these two things. How do you explain to them how you are different?

ARCHANA DUBEY: Yes, I mean, if they have existing resources for congestive heart failure, for example. We know how to play in the sandbox with our partner solutions. But we also help that client to go upstream to really solve for the condition that led to congestive heart failure. So that you're not doing only reactive care, because it's already high cost for you, but go ahead, go upstream, so you can influence at a lower cost and avert the high cost condition. That's what we are striving in our hypertension program, is to reduce the conversion of hypertensive patients into heart disease patients. And then reduce the atrial fibrillation patients into stroke. So that's kind of the two solutions we have today, and we're marching towards adding on new, and they are on a roadmap. And yes, we will have, in future congestive heart failure. We will have in future, coronary artery disease and rehab for that. But that's something that is not ready right now, because we only want to bring what we are clinically sound in.

STEVE BLUMENFIELD: You've got a roadmap of additional solutions and ways to help, but you've got your core capability, you're putting out there today.

ARCHANA DUBEY: Yes.

STEVE BLUMENFIELD: So, Archana could you just take us through for a moment, the member part of it. What is onboarding look like. Who is eligible for the program, and what is their first week or two weeks look like?

ARCHANA DUBEY: So the client is provided, or the employer client is provided guidance, on what we recommend would be the right fit for their solution. We have had inbounds that the clients would like us to support their entire population, because they're worried about the undiagnosed too. We technically can support, but we will not be able to show an ROI if there is a healthy chunk of population that is also using them. So we are starting off with the eligibility criteria that includes the hypertension, stage one, stage two

and beyond, atrial fibrillation, all kinds of atrial fibrillation that we can support, and then that eligibility file allows for us to invite the members to join and enroll the program.They have a very simplified portion in which they get verified, and then they have an access to the enterprise application or app. And it's available both in iOS and an Android space. You can also bring it in into the iPad space too, but largely mobile friendly. Then the member once they do two or three pages of initial enrollment onto the app, which gathers minimum information, including their address, their heart health kit is on its way. It takes about three to four days, three to five days for it to arrive. In between this three to five days, a coach makes the first contact with them and schedules the first human to human connection. Because we do think that building trust up front is the key to having engagement the entire program.

STEVE BLUMENFIELD: And commitment as well.

ARCHANA DUBEY: Yes, commitment and accountability, all of the above. So, somehow now Coach Ashley and you are now at the buddy, buddy with her. You get to know her. And now messaging with her becomes easier too. He or she, the coach will be able, and we also demographically match them, because the coach must look like you, sound like you thing. So we do try to match the right coach to the right person. And then that first contact when it happens, there are a few more clinical and personalized question learning style, things that are asked off of them that builds their profile. You got a preview on the behind the scenes on the profile, but that profile drives the starting of this relationship. Meanwhile, the kit arrives. Now, the individual is given, it has something to do lists on the app that allows them to do knowledge about KardiaComplete. It has them do baseline of their blood pressure and EKG for the first week, and then scheduling an appointment with the cardiologist.

SIUPO BECKER: Archana, it sounds like the whole process is so well laid out, and basically the member their hand is almost held through the whole thing. I mean, it's not. It's confusing, I would hate to have to figure out how to set up a connected device, or to make sure things are working correctly, so I appreciate that there's so much member support throughout this process.

ARCHANA DUBEY: Siupo, on that trend, I would say that our devices are built on human factor design. So they're built at a fifth grade level, not that our clients are fifth grade or members are fifth grade level.

SIUPO BECKER: I would need fifth grade level. So, yeah perfect.

STEVE BLUMENFIELD: When it comes to technology, you're not familiar with, you'd be surprised how we all regress. When I was setting up the sample, I got of the six lead Kardia device, I was really pleased how in the app, it just links up with Bluetooth. I didn't have to press a button. The phone asked me if I wanted to go ahead and accept it once I went through the right initial step. So, yeah, that human factor design that you talk about, Siupo, it's true. It really does make a difference.

ARCHANA DUBEY: In some of the upfront human to human connection, we learned. We learned through our initial pilots that we did, is that if we in almost the honeymoon period or enrollment period. If we do make that connection of the care team with that individual, the engagement and staying on the care plan is solidified.

SIUPO BECKER: I kind of have a dumb question, Archana. These are chronic diseases. They never go away. Does that mean you stay working with a member forever if they want to?

ARCHANA DUBEY: It depends on the condition, so some of our hypertensive they have a goal of getting off of the medication. If they're stage one, and if they truly attend to their lifestyle needs like weight loss and eating well, sleeping well, of course quitting on smoking and others, they should be able to peel off the medication. And so those are the groups that can come off of the program. But this is a program that's available to them indefinitely. So, if the employer partner wants to support them and keep them in that swim lane that where they're at and not progress into higher condition and higher costs remodeling, then they can make this available for indefinite period of time.

SIUPO BECKER: I think that's amazing.

STEVE BLUMENFIELD: Is this currently in market with employers to have companies that are using it today?

ARCHANA DUBEY: Yes, so it is currently in market. We have a couple of companies who are already on it. They didn't want to wait for a public launch. They wanted to go on the pilot, and that helped us to learn too, so some of the things I did share are learning, and then we have a couple of large local employers that are launching 1/1/23.

STEVE BLUMENFIELD: OK, so, let's say, AliveCor and KardiaComplete were a mythological creature, let's say, a Greek god or goddess Roman mythological creature, what would it be?

ARCHANA DUBEY: A mythological creature. I'll dig deep into my background, because I come from India. And I'm a Hindu. So I would pick Shakti, which is the goddess of strength, vitality and power. And I do feel that AliveCor has enabled people we serve with vitality, because living with a condition should not be consuming people to live with vitality. So if we can bring peace of mind for the individual and bring back vitality in their life, that is what I envisioned AliveCor to be. And then brings the strength of information and knowledge in the hands of people in the moment, and then it brings the power to make choices. The right choices, like either lifestyle, or taking the medication, and others. So, I do feel Shakti is kind of the mythological character that I can see.

STEVE BLUMENFIELD: Nice, nice. Very, very eloquent. We learn about a lot of mythological creatures on this show.

ARCHANA DUBEY: I thought like I could pick a Roman one, but a funny story is from creator it comes to mind that we call our product KardiaComplete Simba. And our Simba is going to be the Lion King.

STEVE BLUMENFIELD: Oh, it's your Simba. OK. So when we ask what would you be if you were an animal, it sounds like you might be a lion. Say more about that.

ARCHANA DUBEY: We will be the Lion King. Yes. We'll be the Lion King. Because we were born when we were invented, 10 years ago, that's when the birth of Simba happened. We grew with some bumps during the direct to consumer time, and grew into the Lion King through enterprise. So that's--

STEVE BLUMENFIELD: Oh, I see. So, this is like that moment when you're battling Scar and you emerge as the King afterwards, that's what happened here when you've gotten into the employer market.

SIUPO BECKER: Archana, I've always wondered this. Cardiac disease doesn't get the attention it deserves. It did for a while. Everyone thought about heart walks and did all these things, but I mean, I would really say that there's been a lot more attention in the media on cancer and cancer related issues most recently. Why do you think cardiac disease is underrated? And should it be, has it really been better treated, so we can ignore it?

ARCHANA DUBEY: I think cardiac disease is underrated from the patient perspective, because when it's just beginning, it's completely asymptomatic. And actually, the patient gets has more symptoms from taking the medications than the condition itself. And so the second point of failure that happens in cardiac disease is that regular check in with the physician. And most physicians under treat cardiac disease than optimally treat cardiac disease. And we know that there's ample of published data in which we are under treating blood pressure, we under treating cholesterol. We're not meeting guidelines on this and others. And so that's the second point of failure. And the third point of failure is the knowledge, the health literacy around cardiovascular disease has non accelerated, as we were able to do such an effective job around cancer. So that's why in the beginning of our conversation, I said, we need to make cardiovascular health personal to all of us. Just imagine in your immediate network of loved ones, friends and family, at least a third degree of separation, you have somebody impacted with heart disease, stroke, or any kind of cardiovascular condition. Just third degree. It is that close to us. And one of the statistics that boggles my mind is that if we treat hypertension correctly, we can extend the lives of humans or general population by three years. If we treat breast cancer currently, we expand life by three weeks.

SIUPO BECKER: Wow.

ARCHANA DUBEY: Impact of treating cardiovascular disease far outweighs any other condition.

SIUPO BECKER: Archana, I think people forget. I don't know why well COVID took over everyone's minds literally for a while, but one person dies every 34 seconds of heart disease or cardiovascular disease. And it's still the leading cause of death for men and women. And so, would you say it's part of your mission to bring that back to the forefront again? You got more value, you can impact people's lives, you can help them live healthier, better lives by addressing heart conditions.

ARCHANA DUBEY: Absolutely, Siupo. This is my fifth week on the road. Last five weeks, I've been out there spreading awareness and talking about why we need to care about it.

STEVE BLUMENFIELD: You're evangelizing, because it's so important. Yeah.

ARCHANA DUBEY: Totally evangelizing. I'm right now in Toronto attending global conference on cardio oncology. Patients die of heart disease more than cancer because we are--

STEVE BLUMENFIELD: No kidding.

ARCHANA DUBEY: Treatment of cancer leads to heart problems.

STEVE BLUMENFIELD: Wow. Wow. Siupo, you might have a future in marketing for this space, because that was a very passionate plea for the appreciation of cardiac care.

SIUPO BECKER: I even take it a level further, and Archana did talk about this a little bit, is the way these solutions. Technology is blind. It treats everyone the same. They're cardiologists, they're coaches, they're following evidence-based medicine that they apply to everyone, and they don't take in those other factors that make you potentially different. And just I think about the inequities in care that women receive in relation to men, women are underdiagnosed. Sorry, here's my soapbox. Women are underdiagnosed for heart disease compared to men, and they're significantly undertreated. And so I think a solution like Archaa's KardiaComplete, there's a potential way to help everyone learn more about also taking responsibility in their own health as well as having a more equitable treatment across the board.

STEVE BLUMENFIELD: Very well said.

ARCHANA DUBEY: You're absolutely right, Siupo. During the pandemic, we saw women not coming back to work, because they had two jobs. They had the job of being a wife and a mom, and they had a job of being a professional. And they could only pick one of the two. And the same thing applies to caring for themselves. That takes the lowest priority. And so, if we make cardiovascular care accessible to our women, our moms, and our wives, and what have you? We can actually save lives. We saw atrial fibrillation has a huge footprint in women, heart attack has a huge footprint, partly because it doesn't present the way it presents in men. It's largely studied in men. So, all of the symptoms are favoring a man presentation, not a woman presentation. So there is disparities that exist, and we want to level play in that.

STEVE BLUMENFIELD: Yeah, we guys, we're hogging heart disease. Sorry about that on behalf of us all.

Wow, I have learned so much from my two brilliant guests on this call. First, thank you so much Archana, not only for your passion, and for what you're doing with this great solution, but for teaching us today. So, thanks for being here for us, for our listeners.

ARCHANA DUBEY: Thank you, Steve, for inviting me. And I had a lot of fun talking to you and Siupo.

STEVE BLUMENFIELD: We had tremendous fun, and speaking of Siupo, it is always so great to speak with you Siupo. Thanks so much for being here and sharing your wisdom and your questions.

SIUPO BECKER: If I had any to share, I hope I did. So, thank you.

STEVE BLUMENFIELD: Modest as always.

SIUPO BECKER: Appreciate it.

STEVE BLUMENFIELD: And thank you mostly to our listeners the Cure for the Common Co. Podcast. We appreciate you. And if you enjoy the show, please feel free to rate it, let your friends know, and subscribe, and everybody be well.

[MUSIC PLAYING]

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And I think that's just simply where the level of science and data gathering and retention was. And now, we have to be sensitive to broader populations.

MELISSA DANIELSEN: What it's really about for us, I've mentioned, self-awareness and the desire to want to understand yourself and how to be successful should not be limited to a diagnosis. So we've been looking at ways to build out self-discovery tools within the product. So those questions, that journey of self-discovery can be really independently and individually-driven.

And you can share as much or as little as you want. And it's really about really understanding yourself versus a label that insurance companies need. But it really getting the successful support that you need as an individual and going on that self-discovery independently.

STEVE BLUMENFIELD: Fantastic.

REBECCA WARNKEN: Perfect.

STEVE BLUMENFIELD: Well, Melissa, Rebecca, you started out talking about how this is education in many cases when you're trying to talk to employers. This has been immensely educational for me. So I want to thank you for being a fantastic guest and telling us all about Joshin and educating us on neurodiversity.

MELISSA DANIELSEN: Thank you, Steve, for having me. I am such a huge fan of WTW and the work you're doing. We appreciate people like Rebecca on teams, who can really be the experts and bring these conversations to light. So I'm really honored to be here.

REBECCA WARNKEN: Thank you, Melissa. Glad to be here.

STEVE BLUMENFIELD: Thank you, both. And thanks to our listeners of the "Cure for the Common Co." podcast. We appreciate you listening. And if you like the pod, please tell your friends, rate us, and leave a review. Thanks, everybody, and have a great day.

[MUSIC PLAYING]

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