

Are we ditching the doctor too quickly

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SPEAKERS

Hamish Grierson, Guy Clapperton, Gigi Taguri

Guy Clapperton 00:03

Welcome to "Dividing Lines", a series of special programmes from the Near Futurist, where we will be bringing together respected innovators and thinkers to examine some of the most consequential debates in technology and society today. Dividing Lines is powered by Diffusion, an award winning international PR agency on a mission to help tech innovators take on the status quo and transform the future faster. My name is Guy Clapperton.

Guy Clapperton 00:27

And if you wanted to feed back on the podcast, or maybe even suggest ideas for guests and topics, I would love to meet you in the shiny new LinkedIn group I've set up. Just search for my name and Near Futurist and you'll find it pretty easily on LinkedIn.

Guy Clapperton 00:44

I'm being patronised by my watch. Seriously, it keeps telling me when I've been sitting still for over an hour and suggests I should get up then when I do so it congratulates me That's right. I've got a watch that congratulates me when I go to the lavatory. That's middle age for you, I suppose. But more seriously, it's me being nudged into healthier habits by a wearable gadget that also informs me of my heart rate stress levels somehow - I don't know how it knows that. And it shows me that I've had a good night's sleep when I was sworn I was wide awake for ages to usually turns out that I've been up about 13 minutes.

Guy Clapperton 01:19

All of which is a bit of a long winded way of introducing the topic of self diagnosis using technology and whether we're ditching the doctor too quickly. Now to discuss this, I have two guests. The first is the founder and chief executive of specialist online diagnosis company Thriva, which focuses on preventing people getting into ill health when it's not necessary. And the second - not that there's a particular order - has spent time as a general practitioner and family doctor. She is now director of medical technology at LloydsPharmacy Online Doctor and has recently won the Digital Star Award at the FDM

Everywoman in technology awards. 2022 His name is Hamish Grierson. Her name is Dr. Gigi Taguri. Welcome to you both.

Gigi Taguri 02:01

Thank you. Thanks for having us guy.

Hamish Grierson 02:04

Likewise, yeah, great to be here.

Guy Clapperton 02:05

Okay, so perhaps if we could start off the debate with Hamish, I really glossed over the intros, of course, it's as if I just cut and paste an email I was sent. So tell us a bit about yourself and Thriva.

Hamish Grierson 02:16

Thank you Guy. Yes. Thriva is a UK based health technology business that's focused very much on improving health span, that is to say, the number of years that we live in good health. And practically speaking, the way that we do that is across two fronts, we have a direct-to-consumer self-funded product where people can obtain a home diagnostic kit, that is to say they collect a little sample of their own blood. And they post it back and have it analysed by a tried and tested laboratory in order to find out what's really going on inside their body. And there's a technology wrapper around that to ensure that we're able to help people understand what are the most relevant biomarkers for them specifically to be testing. We also have as the results came back and network of GPs who provide commentary on it. And we present the information with a big emphasis on both being intuitive and actionable. So a heavy burden placed upon us to make sure that people know what the information means. So that's kind of part one.

Hamish Grierson 03:26

And part two is what we describe as b2b. And it's us powering partners in the healthcare environment. So that is to say where healthcare is moving to the home, in some areas, and I'm sure we'll talk a little bit about that. Diagnostics and the ability to understand what's really happening inside people's body. That's also trying to at least move to the home in the High Street and Thriva have created turnkey solutions that enable partners from NHS hospital trusts all the way through to insurers, CROs involved in clinical trials and the like to access our platform

Guy Clapperton 04:06

Sorry, could you explain CROs, please?

Hamish Grierson 04:09

Yeah, no doubt. So it's the organisations who typically organise and run clinical trials for Big Pharma. Big Pharma themselves, of course, are grappling with the move to what is typically described as decentralised trials. And that is, again, where patients or participants are able to engage in a clinical trial from typically a remote setting ie their home. So yeah, just to wrap up by saying all of what we do is very much anchored around the idea of trying to provide as many people as possible with better access to the tools and technology that help them to improve their healthspan

Guy Clapperton 04:51

Okay, and this is all taken from blood samples? I get I'm getting hung up on my smartwatch hell, but that's not actually something you'd be looking at as accurate?

Hamish Grierson 05:00

No, it's very much not just looking at bloods actually Guy sorry, if that's not, I should have perhaps made that clearer. So we have a fairly rich history in blood testing, but very much not just blood testing. So the Thruva capability spans a variety of different modalities from swab testing that we've all just been through, and will soon be bring on urology, and you name it, the idea is very much to provide a turnkey solution, regardless of the type of test that's required.

Guy Clapperton 05:30

Okay, and you've mentioned testing from home. Of course, a lot of people couldn't actually get to the doctor during the pandemic. And apparently, there is still a very large waiting list and wondering whether this has changed things for you and your business.

Hamish Grierson 05:43

There's no two ways about it. You know, the reality from a healthcare perspective is, as you say, the willingness and the urgency around migrating some of what otherwise was provided in person to a, an at home or remote setting, the pandemic has sped that up in a quite remarkable way. So in short, yes. You know, on the, on the b2b side of our business, we've seen a huge surge in demand people who have realised that we can not pay for 100% of diagnostics, but we can enable the great majority of diagnostics to be run from the home. And they need an expert like Thruva, to be able to work with to make that happen. So yeah, very much seeing that happen. And on the consumer side, yeah, health is on the agenda in a way that it probably hasn't ever been before. And I think that's here to stay.

Guy Clapperton 06:38

Understood. Gigi, I'd like to bring you in here, if I may. I know you're very much in the online world, you're the head of an online service. How do you get to that from your work as a general practitioner - that's family doctor to any American listeners?

Gigi Taguri 06:51

Yes, yeah, I am pretty much in the online world now. And I have been for over 10 years, I started off as a general practitioner. But in my role as a family doctor, I was getting frustrated at some aspects and access to health care for patients, especially when it came to contraception. So women would need to take time away from their work, their responsibility is to see a doctor every three to six months to get a prescription for their regular contraception, they then need to then take that prescription to the pharmacy and get it spent. And then I really could identify with these busy women, especially once I became a mum and time was so short and precious. And at that time online banking and shopping was taking off. And I just couldn't help but thinking Why can't online healthcare be this way too? So I made the jump.

Guy Clapperton 07:33

I'd like also to talk about where you get the sort of data for the online services that you offer, there is the old belief of "garbage in, garbage out". I'm just wondering how reliable remote data is, for example, a little bit tells me you've stopped wearing your fitness tracker?

Gigi Taguri 07:47

Yes, yeah. Yeah, so I think a great example to thrash out this argument would be the largest study by Apple using their watches to identify patients at risk of afib. Afib is a type of irregular heartbeat, it can be really mild and not need any treatment, or it can be severe, causing stress on the heart. Now traditionally, doctors diagnose Afib using an ECG machine. And a doctor might order this test as part of the health stream due to other medical conditions, they may have picked up an irregular heartbeat by chance when they're examining the patient for another reason. Sometimes the patients have symptoms of afib, such as their heart racing, or sometimes the ECG is ordered because because of the consequence of an undiagnosed afib, such as heart attack or stroke.

Gigi Taguri 08:30

So for me at this point, I'm already thinking there might have to be a better way to pick up this common condition. With Apple's clinical trial for diagnosing afib they reported a 98.5% sensitivity and 99.3% specificity. So that means if you have afib, there's a 98.5% chance the watch will pick it up. And if you don't have afib, there's a 99.3% chance you won't be wrongly diagnosed with it. Now, other studies have disputed these high figures, but they still showed a moderate diagnostic accuracy.

Gigi Taguri 08:59

I think the major concern revolves around the people who are most likely to use these devices who tend to be young and healthy, and the harm of stress and anxiety it causes to them when they get a false positive reading. And another for me, another big concern is handling the flood of data. So these tools should not only be aimed at improving our diagnostics, but also improving our doctors efficiency. We don't want them drowning in this flood of data. So the question is, how can this information be efficiently incorporated into clinical decision making while avoiding unnecessary patient stress and doctor burnout? And I don't think the answer can possibly be to stop collecting it. Surely it's working with algorithms, AI and machine learning to optimise the interpretation of it.

Gigi Taguri 09:40

Having said that, the reason I stopped wearing my wearable was that I felt I'd collected enough data for my purposes, but I wore it for a few months. I really did notice some really interesting patterns in my own day to day life, made a couple of changes I felt so much better for it. And then I had a break from wearing my wearable. And the reason being is because as much as I am into Second data also strongly believe we need to be fully engaged and immersed in real world connections and activities, our mental health and our watch buzzing constantly, will inevitably pull you away from that as the found guy with your experience. Yeah, so I guess I'm team "collect the data, work on better ways to interpret it and throw in some digital detox breaks".

Hamish Grierson 10:18

Yeah. Sorry. Yeah, I was gonna say, you know, it's very, I think of using all three of us have been through a similar journey. It sounds like... I've also stopped wearing my wearable. And did you just to,

to reflect on what you said, I think there was a huge amount of truth to the need - and it's unfortunately, not something that I think gets talked about enough - to question whether we should use technology in the way that it's available simply because it's available. You know, we adopt things because they are there to be adopted, rather than thinking about what the net benefit ultimately will be. And the degree to which we interact with something frequently or infrequently. I think you're absolutely right, that requires a great deal more scrutiny. And I think it's incumbent upon innovators of all kinds right across the health and wellbeing spectrum. To think about that and actually take a responsible view that says, I'm going to think about ultimate impact here. I'm not just going to try to get people to adopt this simply because they could.

Guy Clapperton 11:26

[MUSIC TO DENOTE ADVERT] Do you want to sound as confident as my interviewee in this episode? If you talk to the press or other media, are you worried you'll be misquoted or they'll just publish their story and not yours? Clapperton Media Associates can help with coaching, drop me a note guy@clapperton.co.uk and we'll arrange a time for an exploratory call. Now, back to the podcast. [MUSIC TO DENOTE END OF ADVERT]

Guy Clapperton 12:01

There's also isn't there... perhaps I can pick up on this with you first, Hamish, I once helped emcee a health conference, which was run by a private health organisation and one doctor there pointed out that this health tracking stuff is actually very transactional. The example he used was a good doctor might notice it say a patient who says they're getting headaches, actually might be there because they're being abused. The presenting symptom isn't always the one needing treatment, it's not always the one that they can actually face talking about it. Do you agree, disagree and other sort of algorithms in the audience? Is that something you feel that a service such as yours could get involved in?

Hamish Grierson 12:38

I think it's important to separate out what technologies currently good at and what it isn't. And what you've just articulated, in my view, is something that typifies what humans are better at - certainly at the moment, and probably for a long time to come - than anything else is or is likely to be. And what therefore, I believe are the consequences: you have to think about where technologies like the ones that we're creating, have a meaningful role to play.

Hamish Grierson 13:08

Now, in Thriava's world, we played a very, very heavy emphasis on trying to create long term relationships with the people that interact with us for the simple reason that health is not a snapshot event. And we certainly hope to be able to provide insight over a period of time so that people ultimately, you know, result in...result in better health outcomes. Now, to the question of whether, ultimately, you are ever going to get technology to be able to pick stuff up, that the individual themselves isn't perhaps saying or possibly even aware of? that to some degree or another is happening already. And actually, you've talked a little bit about that already Gigi in the way that the Apple Watch can detect something that perhaps the individual wasn't themselves attune to. So yes, look, I think you ultimately will see the coming together of technology to ease the burden on healthcare. That's really its big promise, isn't it? But to ensure that where appropriate, we are still putting people in

front of people, and providing those doctors with the best possible tools and technologies to help them understand the individual in front of them in a way that they perhaps currently can't.

Guy Clapperton 14:20

Okay. Gigi, obviously having been a face to face doctor, I'm just wondering whether you have experience of people presenting with one symptom and actually needing help with another? Obviously, medical confidentiality is paramount so I'm not asking for names or actual examples, but in the most general context.

Gigi Taguri 14:38

Yeah, absolutely. My experience is that when patients know they need to talk about something that's really worrying them, they'll make an appointment and sort of test the doctor out with some other symptoms. I think this happens firstly to build up the confidence to discuss the issue that's really worrying them, but also the doctor needs to gain that patient's trust. And it isn't...it's often at the point that the patient's about to leave the consultation room with their hand on the doorknob that they say something, and a good doctor always needs to take that seriously.

Gigi Taguri 15:04

But bringing us back to the topic of are we ditching the doctor too quickly, I agree with what Hamish just said, there are certainly times when we need to see the doctor to meet our medical needs. And there are times that we don't and the convenience and efficiency of doing things digitally wins. So for me, it's all about giving patients the choice.

Guy Clapperton 15:21

I asked Hamish about what his company does. I haven't actually, we haven't actually run through what an online doctor service such as you run for Lloyds...LloydsPharmacy, I should say to give it its full title, actually does. So could you run us through that, please?

Hamish Grierson 15:33

Yeah, well, it's actually similar to what I've just spoken about now. Really, it's filling in that gap when you don't need to see a doctor face to face. Or maybe you don't want to because you find it too embarrassing. So we've identified areas of medicine where you don't need to see a doctor, where by completing an online questionnaire, it's safe to prescribe treatment or send out the test kit or even just give medical advice and recommendations. So as I mentioned, it's not only convenience, but also embarrassment. So a lot of our services are around sexual health such as contraception, STI, erectile dysfunction, and but also other conditions such as hair loss and COVID testing. And we do also have a video GP service where if you did want to speak to a doctor,

Guy Clapperton 16:09

So Hamish, I've got to ask: a lot of people will see this as quite politically motivated, almost the the whole thing about privatisation by the backdoor when it comes to the UK healthcare system, at least, you know, people do worry about private services in there. What's your take on that?

Hamish Grierson 16:25

I think it's fairly straightforward in my worldview, Guy. First of all, we provide services to the NHS already. So I think it's to those who perhaps aren't familiar with the UK model, important to appreciate that the NHS engages private providers and has done and will continue to, in order to deliver the service that it provides. So the idea that, that that is somehow new or different is, unfortunately not, it doesn't stand the test of reality.

Hamish Grierson 16:59

The other thing too, of course, remember is we pay for the NHS. People, I think are unfortunately quick to forget that we might not see it in the same way that we see the money coming out of our bank account when we buy a coffee, but we do pay for the NHS. And if you take a slightly different lens on the on the question, where is this likely to go? I think there is a fairly stark, three to five year likely, reality facing us, which is, as individuals themselves start to understand more about themselves and and seek to want to understand more about themselves. Some of that's motivated and spurred on by the wearables revolution, some of it simply increases in technology, some of its the computational advances in AI and ML that give us better insights into more interesting and more personalised, all of that plays into people wanting to engage with their health more.

Hamish Grierson 17:59

And, in reality, when you look at actually how the NHS was set up in 1948, and what it was designed to deliver, the great majority of that is acute or high high acuity care, where typically seeing a doctor or going into a hospital is the right thing to do. Now, health is, as we all I think, probably appreciate on this call, not binary, you're not either completely well or completely sick. And what I believe you will see over the next three to five years, is people starting probably to originally spend out of pocket because these are not services that you'd like to see publicly funded in the name, to engage proactively and participate in their health when they are on the upper end of the wellness spectrum.

Hamish Grierson 18:49

Now, as we know, lots of those people actually aren't that well. Otherwise, we wouldn't have a health span in this country that is stalled. So how do we get back to improving it? My pretty firm belief is we've got to accept that there are some people who will need to probably for a period of time pay for access to tools and technologies that will give them answers to the questions. And equally to ensure that we don't rob the public services have the same access to those tools and technologies for patients. Because it's just as important to get people who themselves are sick, better and to maintain a more well positioned for them in his rapid and it's reliable way as possible. So yeah, that's my that's my two cents.

Guy Clapperton 19:38

Okay, fair enough. My next question was going to be about the vision you're driving towards which I think you've covered very neatly. But, Gigi, if I could have your vision for the future, what's Lloyds pharmacy, his vision for the service and I've never used an online Doctor, do you think I will in the future?

Gigi Taguri 19:53

I think you might...

Guy Clapperton 19:54

Do I sound ill?

Gigi Taguri 19:56

Haha of course not!

Guy Clapperton 19:59

(LAUGHS) Never ask a doctor that live on air.

Gigi Taguri 20:04

Now the reason I say that is just the pandemic really has thrust digital healthcare into the limelight, and it's really proven how valuable and essential is to be able to provide health care remotely. And on top of that, as Hamish alluded to the NHS is struggling to meet demands, and we have to find more efficient ways of doing things for both doctors and patients. So we also work with the NHS and we provide some sexual health services, and one of which was the contraception service. And a woman can complete an online consultation for contraception within a few minutes, and within an hour, the prescription's ready to collect from her local LloydsPharmacy. For me, that's a fantastic NHS addition.

Gigi Taguri 20:40

And our vision. So yeah, I covered some of the the medical conditions that we do at the moment. And we're always continuously looking at what else we could manage online without a face to face doctor's appointment. But I'd really like to move our focus on not only managing medical conditions, but also preventing them from happening. The one area I'd really like to work on is obesity. And there's some really interesting new treatments out there that we're looking at, but also thinking more about how we can really help people with their weight loss journey. So that would be my vision.

Guy Clapperton 21:09

And there must surely be a point where you need to hand over to an impersonal service. Hamish, do you have a fixed point? Whether the thing with that arises, or is it instinctive? How do you handle that sort of thing?

Hamish Grierson 21:20

Yeah, absolutely. So there's two or three elements to the product or service that that may happen. So if in the way that you've received a results, we've identified something that is, perhaps something you're not aware of that you haven't told us, you're managing and treating, that you should pick up with your GP, if it's not that serious, but it's something you should talk to them about, we'll make it clear what information to take to the GP, at your next routine visit. Or if it's something that's very serious, we'll make it clear that you need to make an appointment to see them much more, much more urgently.

Hamish Grierson 21:58

So that's as it operates today. But the future is very much about also providing access to specialties and that might be a GP, at the point of need. And recognising that, the last thing that we want to do is leave people in a in a position of, "I've understood something, and I'm not quite sure what to do with

this information next". And we want to be able to provide access into those into those specialists. So we've just launched our first test around that experiment with that work, given that what tests means in the diagnostic space.

Hamish Grierson 22:34

And you can now access a an exercise coach back to Julie's point on some of the interesting opportunities to help boost people's confidence and knowledge around what they can do in the home. And equally a nutrition coach. So yeah, it will always require some degree of access to a specialist. At the moment, we're presenting people with the options of doing that remotely, or picking it up with their GP in person. But our ambition long term is very much to be able to give people all of the options that make sense for them as a next step.

Guy Clapperton 23:08

Okay, Gigi, I'd like to ask you the same question. You know, when do you need to bring in someone face to face or indeed to a doctor, particularly in the face of obesity? I mean, you mentioned that. I'm certainly old enough to remember all the advice that always said, always talk to your doctor before you go on a diet, because they're not very busy. So then at what point would you be seeking to bring somebody actually in?

Gigi Taguri 23:31

I hate those disclaimers. So, well, I live by this, this quote from Dr. Warner Slack, who pioneered the use of digital solutions back in the 70s. And he said, "Any doctor that can be replaced by a computer deserves to be replaced by a computer". And I always think like that when I'm writing algorithms that there's you know, there's a place for the algorithms, but there's a place where a doctor cannot be replaced completely and then seeing a patient face to face as a must in some circumstances, maybe for an examination, or more in depth discussion of the tests or maybe just even for reassurance. But by having these digital solutions for those patient/doctor interactions that don't need these things, we free up the GPs for those patients who do have those needs.

Guy Clapperton 24:11

And finally, perhaps you could both tell listeners where they can find out more about you and your organisations Gigi, would you like to start?

Gigi Taguri 24:18

I think the easiest way is just to go onto our website and have a look that's online.
dr.lloydspharmacy.com

Guy Clapperton 24:24

Excellent. And Hamish?

Hamish Grierson 24:27

You can find us at Thriva.co . We're @Thrivahealth on some of the social platforms. You can find me Hamish Grierson on LinkedIn by all means get in touch. And yeah, we'd love to hear from you always

looking for interesting opportunities to do with other people what we do here yeah, great to great to connect.

Guy Clapperton 24:52

Gigi Taguri of LloydsPharmacy online doctor and Hamish Grierson from Thriva. Thank you. Thanks guys.

24:59

Thanks, guys. Thanks very much.

Guy Clapperton 25:00

And many thanks to you for listening. That was the Near Futurist podcast with me, Guy Clapperton, my guests and the latest in this series of Dividing Lines sponsored by Diffusion PR. Don't forget to have a look at the website at nearfuturist.co.uk Or come along and have a look at the LinkedIn group. I'll be back soon. This has been Clapperton Media Associates production