

Roy and Ido Schoenberg – American Well

Mark Masselli: This is Conversations on Healthcare, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret, just a few weeks left for shopping for Hanukkah and Christmas, but we want to remind our listeners there is even less time to shop for health insurance on the insurance market place, December 15th is the last day for the health exchange, for most Americans December 15th is the final day.

Margaret Flinter: Consumers who have a couple of years of experience are now much better equipped it seems to navigate the online health insurance marketplaces, a motivation out there.

Mark Masselli: A lot of motivation but a lot less time and that's a real concern for those fighting in the trenches to get the word out across the country and we will repeat the website again healthcare.gov.

Margaret Flinter: And speaking of ways that we use online portals for healthcare purposes that brings us to our guests today, brothers Dr. Ido Schoenberg and Roy Schoenberg are the co-founders of American Well, a telemedicine support company that is now one of the big players in telehealth. They have recently partnered with Apple to conduct an innovative new large scale health study. The Apple heart study is seeking data on the prevalence of atrial fibrillation one that often goes undetected and is a leading cause of stroke.

Mark Masselli: The Schoenberg brothers lead American Well which is providing a telemedicine component to the study and we are looking forward to hearing more about it Margaret.

Margaret Flinter: And Lori Robertson will be stopping by, the Managing Editor of FactCheck.org. But no matter what the topic, you can hear all of our shows by going to www.chcradio.com.

Mark Masselli: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter, we love hearing from you.

Margaret Flinter: We'll get you our interview with Roy and Ido Schoenberg of American Well in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Well sign up for health insurance for 2018 on the insurance marketplaces shuts down on December 15th, some folks may get an extension for those purchasing

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insurance on the federal exchange December 15th is your last chance to apply for coverage, but there are some exceptions if people are signing up for plans that don't exchange in 2018 that did in 2017, the health law allows for special enrollment period. Also there are a couple of other circumstances such as change in marital status or employment, but this year has got something different as well, people who were impacted by the hurricanes in Puerto Rico, Texas and the South East are eligible for extensions as well. As long being evidence supporting a link between birth control pills and breast cancer, but a more recent study reveals the risk could be just as pervasive in low dose birth control. A decade long study looked at 1.8 million Danish women comparing cancer rates among those women who had been on the long term low dose birth control.

Study revealed a small but statistically significant link between hormone based birth control use and increased risk of breast cancer. Researchers saying considering the millions of women around the world who rely on birth control, this study should raise some concern. Huntington's disease is a devastating sentence impacting neuro and mental capabilities before attacking the body. And at the moment there is no available treatment other than drugs to treat some of the symptoms, but researchers of the City College of London have had some dramatic success with a new approach injecting a new compound into the spinal column that lowers the level of the toxic proteins said to fuel Huntington's results in the initial trials were so dramatic, the drug maker Ionis Pharmaceuticals has opted to license the drug ahead of more large scale trials. I am Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We are speaking today with Dr. Roy Schoenberg President and CEO of American Well and his brother and co-founder Dr. Ido Schoenberg, Chairman and CEO of American Well, a telehealth service company whose mission is to improve access to quality care. Previously the brothers co-founded care key, a provider of advanced care management software. Dr. Roy Schoenberg was the 2014 recipient of the American Telemedicine Association Award for leadership in the field of Telemedicine. Roy Schoenberg earned his medical degree from Hebrew University, and MPH from Harvard. Ido Schoenberg earned his M.D. from the Sackler School of Medicine. Ido and Roy welcome to Conversations on Healthcare.

Roy Schoenberg: Thank you for having us.

Mark Masselli: And Roy I want to start with you, you both have been leading in the health information technology field and there has been a lot of buzz recently about the latest collaboration, a new type of heart study in partnership with Apple and Stanford and I wonder if you could tell us more about the Apple Heart Study and the role American Well is going to play in it?

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Roy Schoenberg: Sure Mark, a lot of people got excited about Telemedicine over the last couple of years, it has really skyrocketed in terms of adoption and use and value, but if you realize what corner of telemedicine has gone by when the Apple Heart Study was announced, you know, if you think about the way that medicine has always been, they are really two ways in which medicine intervened, either we showed up when we were very sick or in some ways healthcare developed ways in which occasionally if we were willing to do so, it would take a snapshot of where we are and try to identify earlier certain diseases, colonoscopies or mammogram, you know, at a certain age, but with a heart disease, we try to cross a certain line because for the first time we are saying healthcare is not going to wait until you show up with a certain healthcare condition but rather we are actually going to go to where you are, we are going to kind of live with you and try to do our best to understand whether certain things that are happening with you and your body may indicate that some kind of treatment or some kind of intervention is needed, that's a radical departure in the philosophy of how we do medicine and I think this is really the corner that the Apple Heart Study signifies.

Margaret Flinter: Well I think it's a fair assumption that the 33 million Apple watch users are likely to be more highly motivated perhaps than other health consumers, so I am wondering how are you preparing clinicians to respond to what could be a significant volume of patients seeking medical advice because of what turns up?

Ido Schoenberg: Yeah as you can imagine we did things through many scenarios in American Well to try to support those amazing organization Apple and Stanford, but we see something pretty amazing that the first time that the tool that is used by consumers which [inaudible 00:06:58] is not a medical device, it can be so instrumental to help us understand something that could have a potential far reaching clinical impact. Once we hold the study we will be able to show to find people that could warrant medical attention far sooner than any other medical intervention. So we have this tool that we use every day, that listens to our body and we have this most sophisticated algorithm, not everybody have access to their best thought leaders in Stanford everyday but now in a very democratic way everybody could benefit from their type of thinking. And then we are able to close the loop with board certified providers that show up much quicker than any other alternative to help navigate and understand a finding and that to me is the core innovation.

Mark Masselli: I think our listeners would be intrigued by your long time collaboration as brothers, physicians, and innovators and I wonder if you could tell them about how you both got started together on this path to innovation in implying new technologies to the healthcare space, what influenced you to delve into health informatics and the Telehealth arena specifically?

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Roy Schoenberg: I think in big capital letters constructive you know sibling rivalry really helps but if I kind of go back, it really hasn't been kind of a eureka [PH] cerebral process of finding what it is that you want to do. Everything that we have done through the three companies came from a kind of visceral experience as human beings that made us consider is there a way to remove an obstacle from something that we did, just to give you a sense, both of us are physicians when we were young during our training, one of the things that a young training physician does is spend the night in an intensive care unit. And all of these machines and instruments that yell at you that something is going wrong with the patients in their beds and it is a very scary experience. The first company that we constructed was a company that essentially said why can't we connect the computer to all of these alarms and alerts and try to algorithmically make sense out of them so that only then we start screaming at the young physicians who are spending the night at the ICU trying to help. So the fear drove us to develop the first company. The second company was something also very human, we were running around as patients, you know, you walk from one physician to the other and the other one doesn't have your record that needs to do your blood test again and the second company that was created was all about can we just pass records to where patients go, rather than have patients go to where the records are.

In American Well when it started, you know, you could get a lot of things done over the web, you had the Expedia of the world, Amazon to buy stuff that you wanted, you had online banking, you could order foods, all of these services have one thing in common, they deliver some goods to you and in healthcare at the time, the only thing you could do is actually read articles. For most of us is seeing a physician, that thing was not possible through online services and when we started American Well, it was exactly the mission statement of the company to create the capability to do just that.

Margaret Flinter: Well you've also been pragmatically working on the monetization of telemedicine protocols for a while as well and I see great value in making cost more transparent, maybe you could share with us some of the challenges that you faced and why do you think the system now is finally ready for this kind of disruption?

Ido Schoenberg: Well when we started, many people were very concerned with Telehealth, you cannot feel the patient, you cannot put a hand on someone's body and provide a physical examination, some doctors were worried that their relationship with their trusting patient is going to be influenced, you know, in theory I can go home and there is nothing good on television it wouldn't be fantastic for me to talk to some great doctors and the health plan and the employer would need to pay for it. So a lot of resistance that you have seen actually in many of cases had a lot of merits and in many ways some of the services of telehealth today are not made equal. I mean, I would agree that if I am talking to someone that I never met and provide a prescription, this type of

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interaction has very limited value and that's not what we are trying to do, it's a combination of the cost of healthcare is enormous and it's not sustainable, the access is really broken, the people spend too long waiting to see a doctor and pay too much and these are very, very strong drivers to try to create a new model, but the solution is not to find a cheaper doctor but the solution revolves around true efficiencies that are possible when care is moving into the cloud. So our mission is not necessarily to help people find a quick doctor in a box in a cloud and get a prescription, our mission is to help our trusted doctors to treat patients who are not in the room. What American Well is doing is trying to take the community of providers that we trust and allow them to interact in a way that is fully reimbursed and is safe and secure with the patients that they interact with and allow this to be financed by the different types of pairs in the system and allow smart innovators like Stanford and Apple to say, "Okay, now that care is possible in the cloud, how can we use this opportunity to truly improve care?"

Mark Masselli: We are speaking today with Dr. Roy Schoenberg President and CEO and Dr. Ido Schoenberg, Chairman and CEO of American Well. They have recently partnered with Apple and Stanford to conduct a new heart health study. Roy I like what you said earlier about your focus, "We want to make things better." And I am sure that's one of the reasons you have won accolades from the American Telemedicine Association for your work, Roy I wonder if you can tell our listeners what you've learned in this process and how both the regulatory and [inaudible 00:13:27] landscapes have evolved to better support the adoption of telemedicine.

Roy Schoenberg: Well Mark how do you squeeze 11 years of battles into a one minute answer, but start of American Well a little bit over 10 years ago, the first time that we have deployed the telehealth solution that we created which was with our long lasting partner, Blue Cross special of Hawaii on the day that it was rolled out there was a message to all physicians in Hawaii, if you do this thing, your license may be revoked, this was the starting point but I think just about 5 years ago, the change in perception for the first five years of the journey, people thought of Telehealth as an alternative kind of medicine and as you can imagine that created a tremendous amount of fear of disintermediation and that someone is going to take people's jobs away or physicians or the relationship in just around five years ago, people started realizing that telehealth isn't a different kind of healthcare but rather a different channel for the traditional healthcare, it's a way to redistribute the good healthcare that was developed in this country for you know for hundreds of years.

And the moment that people started realizing that this is not a different kind of healthcare that a lot of the fear starts subsiding and what we have seen that do is that pretty much all of the key institutes that drive healthcare in this country started moving the health insurance company started introducing telehealth into their benefits. The hospital started introducing telehealth into their patient portals, physicians started bringing it into their daily workloads and the regulators

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you know politics apparently is always kind of late, late in the game, started changing the language of a lot of antiquated rules to say yes good healthcare can happen when the patient and the physician see each other and this is the biggest change that I think allow the domino effect that cause that kind of break neck growth we are seeing now in telehealth.

Margaret Flinter: Well I would love for you to comment a little bit what you have learned from consumers and this process, what have they told you about what they love, what they like to see changed and what they like to see that may be doesn't exist yet in this telemedicine venture that you've created?

Roy Schoenberg: You know what we have heard from consumer over the years, first of all makes healthcare less painful for us, easier to consume, it needs to be more convenient, it needs to be immediate, it needs to be transparent, it needs to be at the same cost or below over the services that we usually get, and if you can do all of that kind of stuff and maintain quality we are in. And then on the flip side, the other consumers of telehealth which are the providers have said that platform has to resonate with the consumers to make sure that they find us, the brands that they trust to deliver the best healthcare through this kind of technology. And once we've built the system such that consumer gets all of those capabilities we started seeing everybody becoming very happy and cheerfully using the system.

Mark Masselli: You know I want to pick up on part of what Margaret just asked about what doesn't exist and may be a question for both of you Roy and Ido, what are the greatest opportunities out there for disruption and may be what challenges need to be solved to get there?

Ido Schoenberg: You know people talk a lot about Telehealth, but the truth of the matter is that only 3% or so Americans are using it. It's convenient, its affordable and in our opinion there are few things that are still missing, the service needs to be trusted. When you talk to a call center and you never can call him again and he cannot see you and he doesn't have an access to your record, of course that many people are concerned with such a service. One of the important drivers for ubiquity is going to allow an infrastructure that will connect my doctor looking at a screen that look it every day to interact with patients who are not in the room. The second element relates to awareness, consumers can get telehealth in one of three places, the intranet of your employer, the app you never knew your hospital head or the website of your health insurance company. I am sure you ill agree those are not perfectly suited places to engage with your doctor. What we are going to see coming quite soon is some of the people that really know how to present options to consumers taking part in this process. Wouldn't it be great if one day I can wake up in the morning and say, "Hey, Bixby or Alexa or Siri I have a headache, I have a symptom, I have a concern and I would like an environment that is truly consumer focused to present my clinical and financial options, and I want to be able to choose from things that we trust." So these are two things that

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are truly happening in front of our eyes right now which are some of the remaining barriers. So when you move care online, they are so many new things that you could do, there are so many efficiencies financial and clinical that are simply not possible when you go to a certain room and talking to one person rather than creating a data reach interactive collaboration that happens in cyber space. These are two things that are truly happening in front of our eyes right now which are some of the remaining barriers.

The other thing that is happening is that when you move care online, there are so many new things that you could do in order to improve care, there are so many efficiencies financial and clinical that are simply not possible when you go to a certain room and talking to one person rather than creating a data reach interactive multidisciplinary collaboration that happens in cyber space.

Margaret Flinter: We've been speaking today with Dr. Roy Schoenberg President and CEO and Dr. Ido Schoenberg, Chairman and CEO of American Well, a Telehealth Services company whose mission is to improve access to quality care and to make it more transparent and affordable for consumers by using mobile and web technology, you can learn more about their work by going to americanwell.com or follow them on Twitter at American Well. Doctors Schoenberg, thank you so much for joining us today on Conversations on Healthcare.

Roy Schoenberg: Thank you very much.

Ido Schoenberg: Thank you very much.

Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy, Lori Robertson is an award-winning journalist and Managing Editor of FactCheck.org, a non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: The house and senate have both passed tax overhaul legislation, they are now working on reconciling the differences in the two bills in a conference committee. Let's take a look at provisions in the bills pertaining to healthcare. The house bill would repeal, and the senate bill makes some changes to a medical expense deduction. Under current law, those who itemize their taxes can deduct out-of-pocket medical expenses that go above 10% of adjusted gross income. So if your adjusted gross income was \$40,000 and you and your spouse and an independent had unreimbursed medical expenses of \$6,000 you could deduct \$2,000 of those expenses. For tax year of 2016, there was a temporary exemption for those aged 65 and older allowing them to deduct medical expenses that exceeded at 7.5% of adjusted gross income but that exemption went away in 2017. The house bill eliminates the deduction entirely,

an estimated 8.8 million tax filers claimed a medical expense deduction in tax year 2015 according to IRS data and those filers deducted a total of \$87 billion in expenses. The senate bill repeals the Affordable Care Act's individual mandate penalty which individuals without health insurance must pay unless they qualify for an exemption. The house bill doesn't change the mandate penalty. In tax year 2015, 6.7 million people paid a penalty for not having health insurance, those payments totaled \$3.1 billion. And that's my FactCheck for this week, I am Lori Robertson, Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked, email us at www.chcradio.com, we will have FactCheck.org's, Lori Robertson, check it out for you, here on Conversations on Healthcare.

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Each week Conversations highlights a bright idea about how to make wellness a part of our communities into everyday lives. When venture capitalist and Shark Tank co-host Mark Cuban decides to sink a couple of hundred thousand dollars into your business idea, you are probably onto something and that is what happened to Olivier Noel a medical student and a young geneticist when he appeared on the popular ABC show. Noel learned that no matter how many resources a clinical study has, it is still extremely difficult to get a large sample of participants to join in studies. So he thought what if you could simplify the process, eliminate the barriers to research participation and build up a rich DNA database for future research all at the same time and he created DNA Simple because he wanted to make it well simple.

Noel: There is not really a formalized way for people to just participate in research and provide samples remotely, so the idea was to create a database where if you are anywhere in the states you could participate in a research study, that could easily be done by providing a saliva sample.

Margaret Flinter: All the participants have to do is to take a simple swab of the inside of the mouth, send it in and wait to see if your specific DNA is of interest to researchers. The company will make their DNA and data available to researchers studying specific diseases offering a much broader spectrum of study participants and the study participants themselves receive an extra something for choosing to participate.

Noel: So every time you participate, send a sample back to us, we send it to the researchers and then send you 50 bucks to adjust [PH].

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Margaret Flinter: DNA Simple has gotten a big boost from the Shark Tank win to expand their DNA database to represent as broad, a demographic spectrum as possible.

Noel: We want to be the place where you could automatically think of, if you are thinking about study, and need a population that could go to when you are thinking of a study and eliminate that worry of “oh I am not going to do this because I may not be able to get the samples.”

Margaret Flinter: DNA Simple a better database linking researchers with a broader array of participants to enhance lab research by eliminating the barriers to finding participants, now that’s a bright idea.

This is Conversations on Healthcare, I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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