



# The Cards We're Dealt: Innovation in Uncertain Times

Congress on Healthcare Leadership  
American College of Healthcare Executives  
March 25, 2021

**Indu Subaiya, MD MBA**  
Co-founder & President  
Catalyst @ Health 2.0

 @bluetopaz

# History's Lessons

**What we have  
learned**





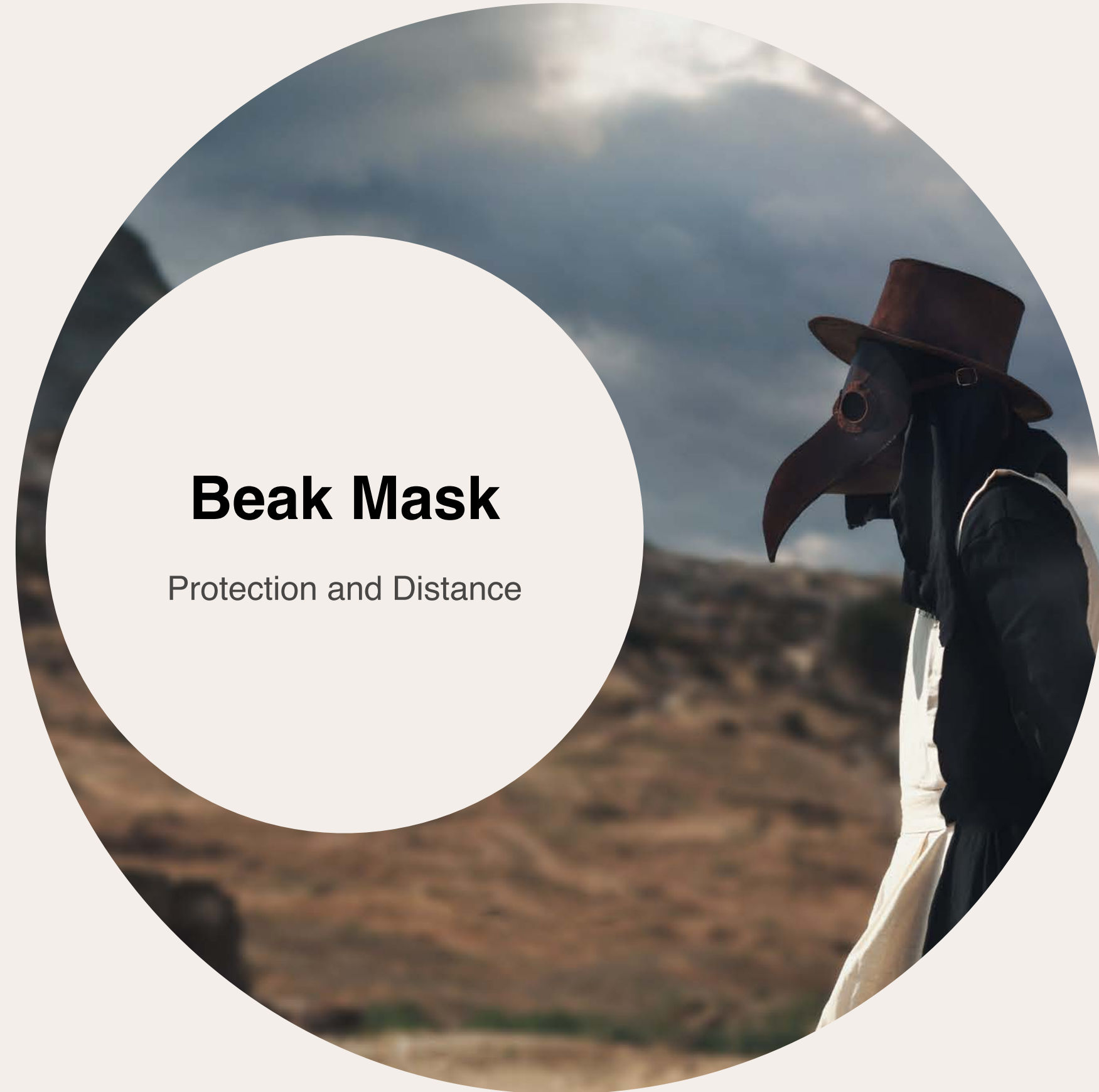
## Working Poor

Shortage of labor meant bargaining rights



## Beak Mask

Protection and Distance





**Civil War**



**1918 Influenza**





**Delays in Care**

**Limited Public Health Infrastructure**

**Racial Disparities in Health**

**A Crisis of Mental Health Issues in Patients & Our Workforce**

**Social Media Perpetuating Misinformation**

**Having to Act in the Face of Limited Evidence**

**Limited Infrastructure for Diagnosing & Stemming the Tide of the Pandemic**

**Limited Clinical Tools for a Complex & Evolving Disease**

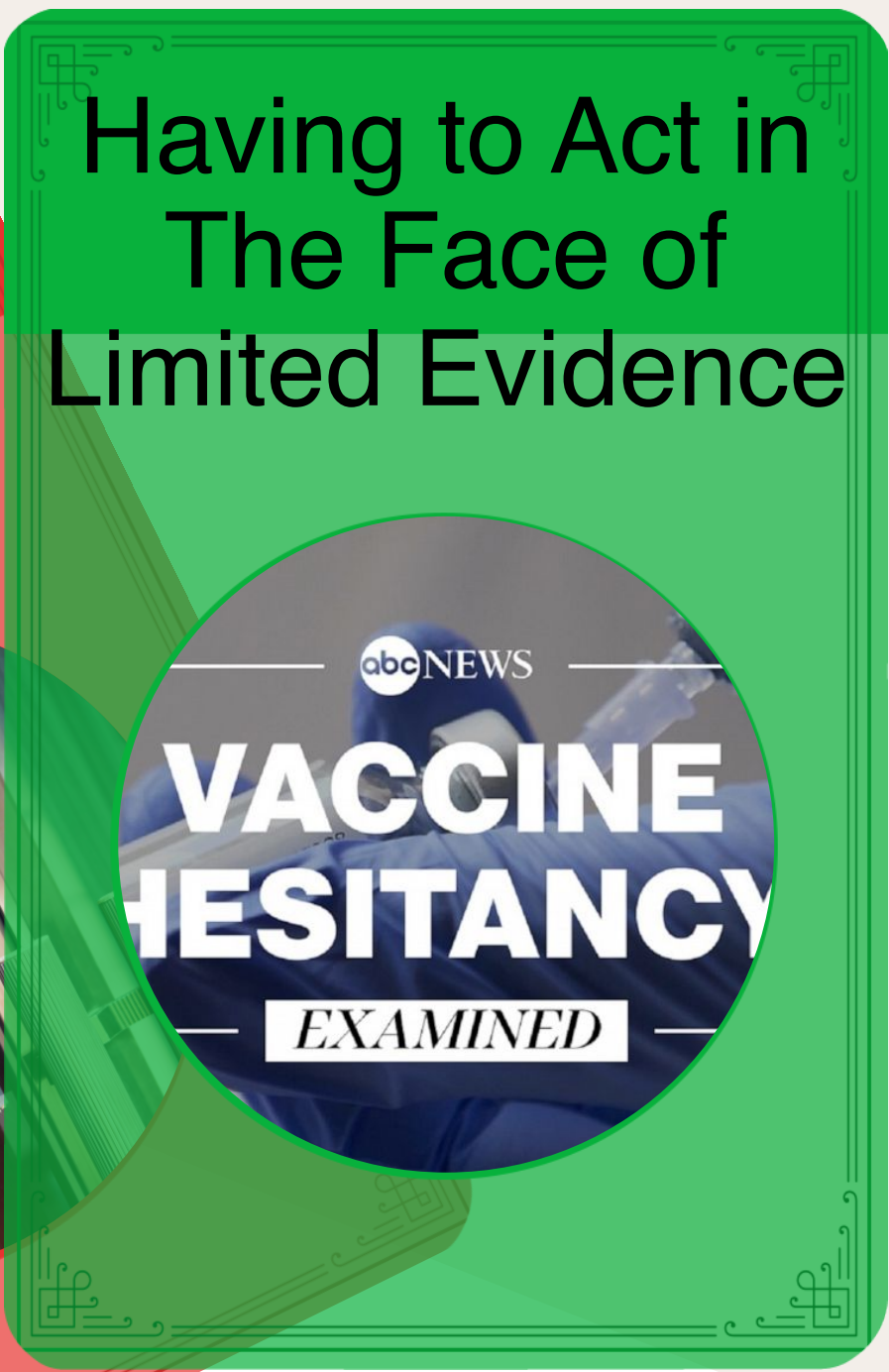
**“Winter weather has disrupted hundreds of thousands of U.S. vaccinations” - NYT**



## Delays in Care



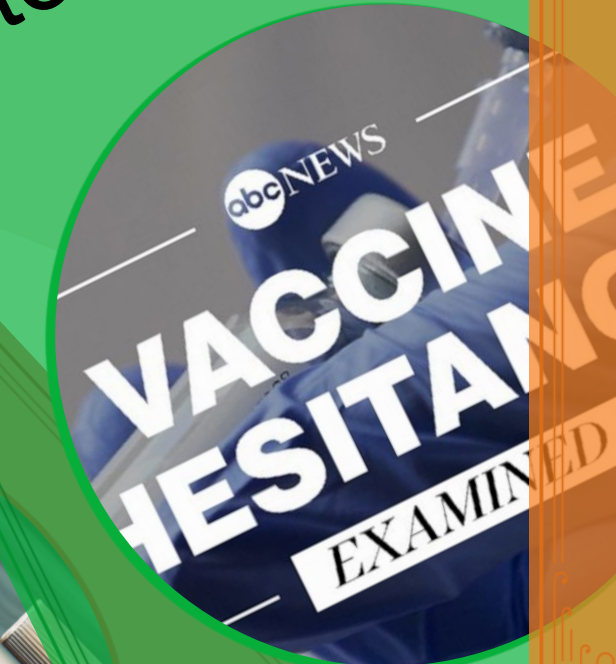




Delays in Care



Having to Act in  
The Face of  
Limited Evidence



Limited Clinical  
Tools for a  
Complex &  
Evolving Disease



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**Limited Infrastructure for Diagnosing & Stemming the Tide of the Pandemic**



**Limited Public Health Infrastructure**



**Misinformation Perpetuating Social Media**



Delays in Care



Having to Act in The Face of Limited Evidence



Limited Clinical Tools for a Complex & Evolving Disease



A Crisis of Mental Health Issues in Our Workforce



Limited Infrastructure for Diagnosing & Stemming the Tide of the Pandemic



Limited Public Health Infrastructure



Social Media Platforms Perpetuating Misinformation



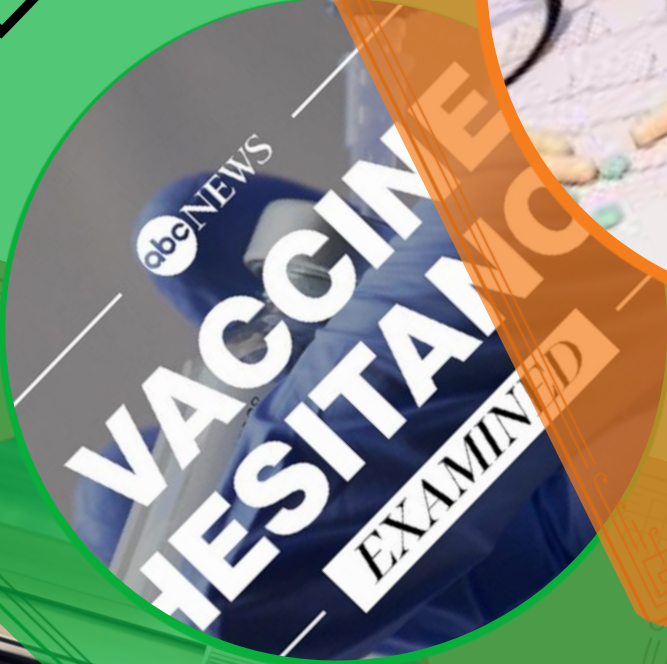
Racial Disparities in Health



**Delays in Care**



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**Limited Clinical Tools for a Complex & Evolving Disease**



**Limited Infrastructure for Diagnosing & Stemming the Tide of the Pandemic**



**Limited Public Health Infrastructure**



**Social Media Platforms Perpetuating Misinformation**



**Racial Disparities in Health**



**A Crisis of Mental Health Issues in Our Workforce**







*“We cannot change the cards we are dealt,  
just how we play the hand.”*

*Randy Pausch, The Last Lecture*

# Delivering Timely Care





Dr. Bart Demaerschalk, medical director for synchronous services at Mayo's Center for Connected Care

“

**The COVID-19 pandemic has essentially accelerated U.S. digital health by about 10 years.**

”

Between March and April 2020, the Mayo Clinic saw a **78% drop in in-person visits** and a **10,880% increase in video appointments**

# Ways the pandemic has changed telemedicine



**01**

**Medicare will pay physicians the same rate for telehealth services as they do for in-person visits**

**02**

**Physicians are allowed to waive or reduce cost-sharing for telehealth visits**

**03**

**Physicians who are licensed in one state are allowed to see a patient in a different state**



# 1 in 5

American households are  
missing critical medical  
care during the pandemic

*According to a poll conducted by NPR, the Robert Wood Johnson Foundation,  
and the Harvard T. Chan School of Public Health in September 2020*



Jane Sarasohn-Kahn of  
[HealthPopuli.com](https://www.healthpopuli.com)

“

**Three in four  
people  
avoiding  
healthcare in  
the  
pandemic  
have had  
chronic  
conditions**

”

Of those forgoing medical  
care during the pandemic:

**76%** have a chronic health  
condition,

**68%** have a physical health  
condition

# "A Year of Missed Preventative Medical Care is Endangering Minority Communities"

Dr. Wayne Frederick  
President, Howard University  
*NYT*

HARLEM HOSPITAL CENTER

Opinion

## What Happens When People Stop Going to the Doctor? We're About to Find Out

A year of missed preventive medical care is endangering minority communities.

**By Wayne A.I. Frederick**

Dr. Frederick is the president of Howard University and a professor of surgery at Howard University School of Medicine.

# Delivering Timely Care





# Bridging the Last Mile



# TELEHEALTH ENABLES HEALTH/CARE ACROSS THE CONTINUUM



Primary care



Emergency triage



Specialty physician



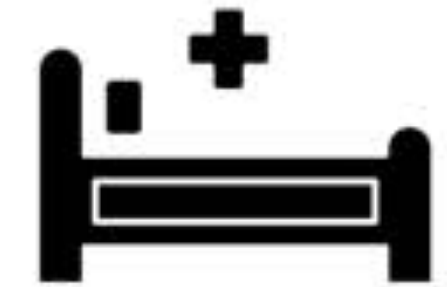
Tele-mental/  
behavioral health



Team-based care



Chronic health management

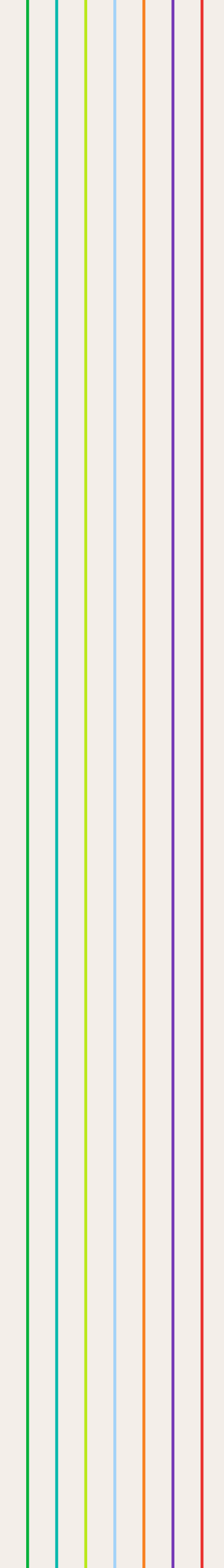


Hospital at-home



**01**

# **Identifying/ Notifying**



## GYANT COVID-19 SERA

### Screenener & Emergency Response Assistant.

Provide patients with educational content and a virtual triage to assess risk, then route triaged patients to the appropriate telehealth, nurse line or physical facilities for testing and treatment.

**500k+**  
patient  
engagements for  
screening and  
education.

## GYANT CLIPBOARD

### Tomorrow's Waiting Room.

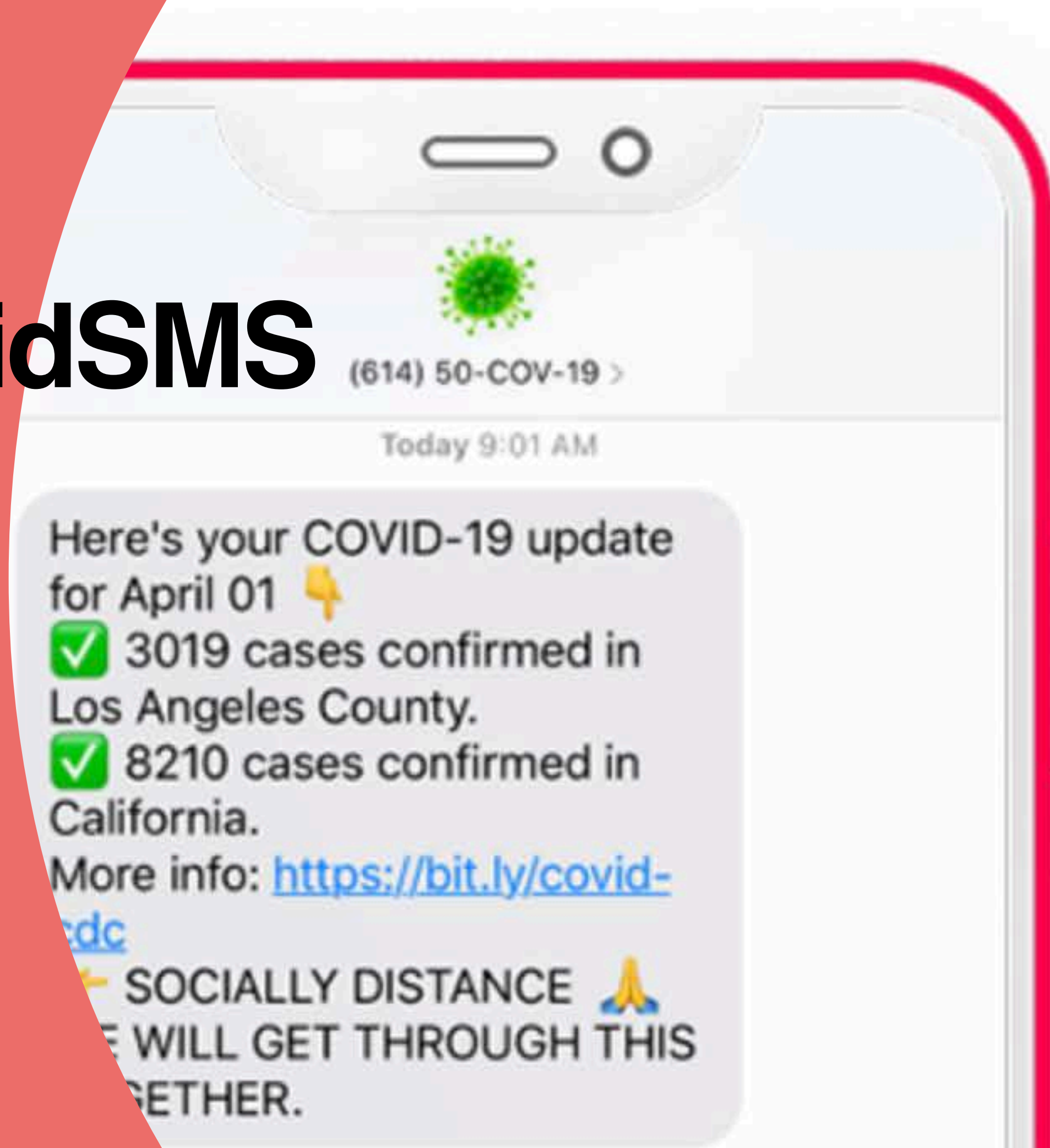
Leveraging industry-standard medical pro  
proprietary natural language processing, t  
captures patient HPI, conducts an ROS, and  
patient chart to reduce physician bu

**80%**  
Decrease in  
provider handling  
time

# COVID-SMS

Receive SMS updates on the impact of COVID-19 in your county &

CovidSMS



**Phone Number \***

10-Digit US Numbers Only

**Zip Code \***

5-Digit US Zip Codes Only

# FOR EMS

Stop waiting. Twiage improves turnaround times at the hospital by 65%.

- Skip the radio call and send instant alerts directly to the hospital
- Securely share photos, picture IDs, EKGs, and videos in real time
- Best of all, it's FREE.

[Learn More](#)




# Twiage



# FOR HOSPITALS

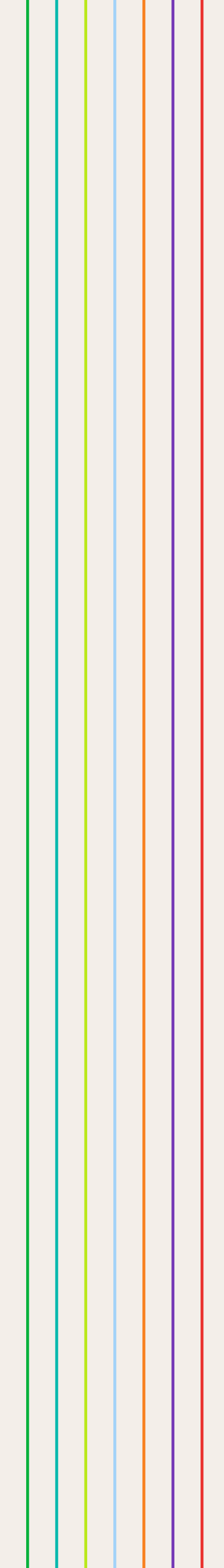
Finally, Air-Traffic Control for incoming patients.

- Gain instant situational awareness to improve your throughput and optimize your resources.
- Easily track and prioritize incoming EMS, inter facility, primary care, and nursing home referrals with live GPS.
- Accelerate door-to-room times with pre-arrival patient registration.
- Improve clinical outcomes with rich prehospital data, EKGs, and



**02**

# **Extending the Exam**



## Integrated Remote Triage Functionality


When incorporated into your health system, the Isabel Symptom Checker provides clinicians with the relevant information needed to efficiently triage a patient virtually.

[Learn more](#)

# Isabel Healthcare

### Where to get care?




Gender: Male , Age: Young Adult 17-29 yrs  
Country: United States (North America)  
Symptoms: Sore Throat, Pain In Head, Feeling F

 This is just a suggestion of where you should go. must not be relied on over and above your own judgement.

Your results



**Family Physician / Urgent Care Clinic  
Unit**

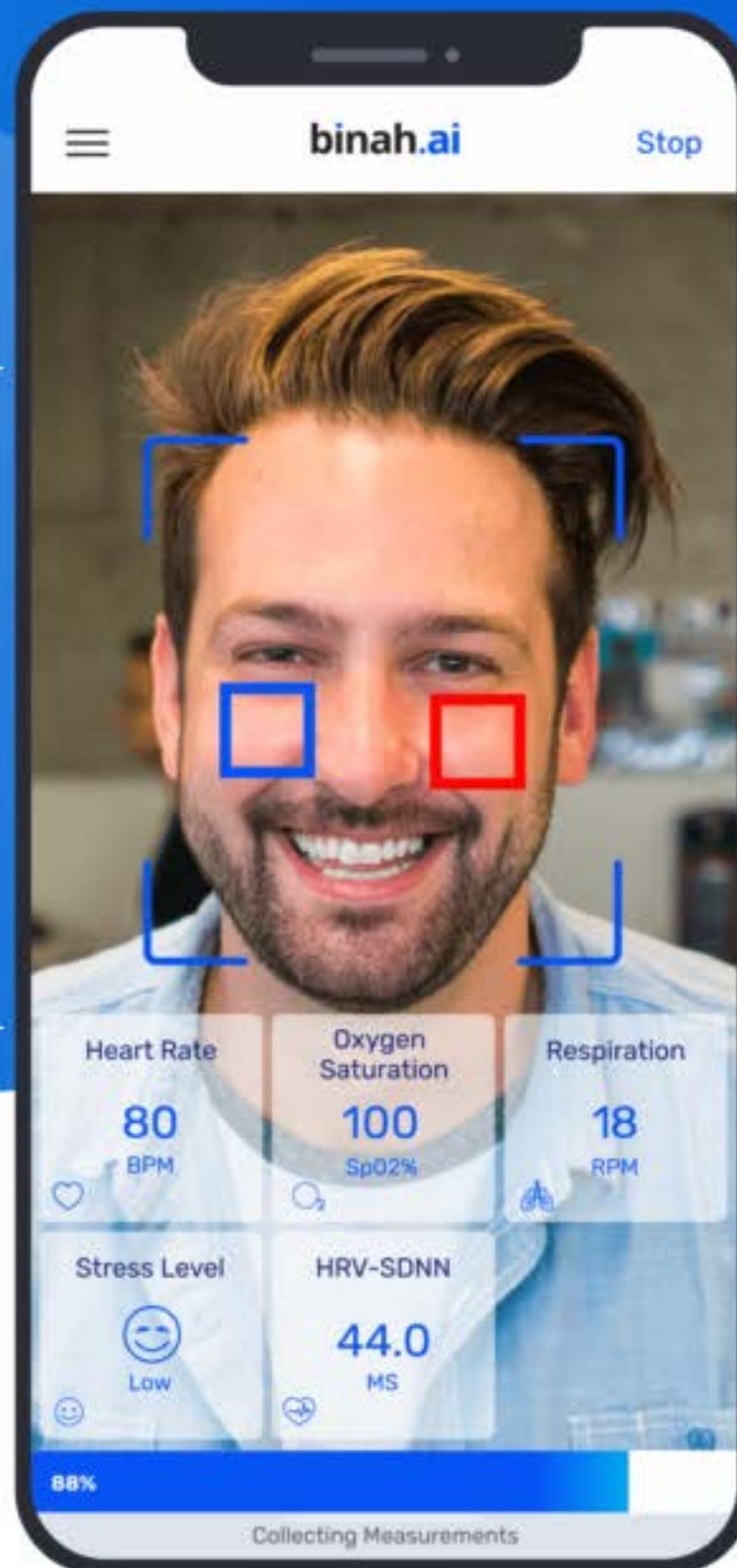
-  Walk in clinic / Telemedicine
-  Family Physician / Urgent Care  
Minor Injuries Unit
-  Emergency Services



Artificial Intelligence  
Technologies

Proprietary  
Mathematical  
Backend

Signal  
Processing



**Binah.ai**

# Getting better just got better

4/7 medical exams with a  
doctor, from the comfort of  
home

[Buy Now](#)

[▶ Watch Video](#)



## Skip the waiting room

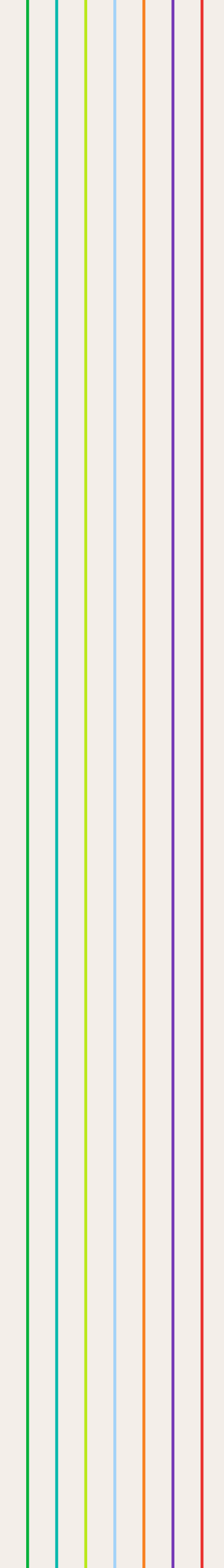


**Tytocare**



**03**

# **Remote Monitoring**



## Post-COVID-19 Rehabilitation

At-home treatment to ease the aftereffects of the coronavirus.

As Featured in

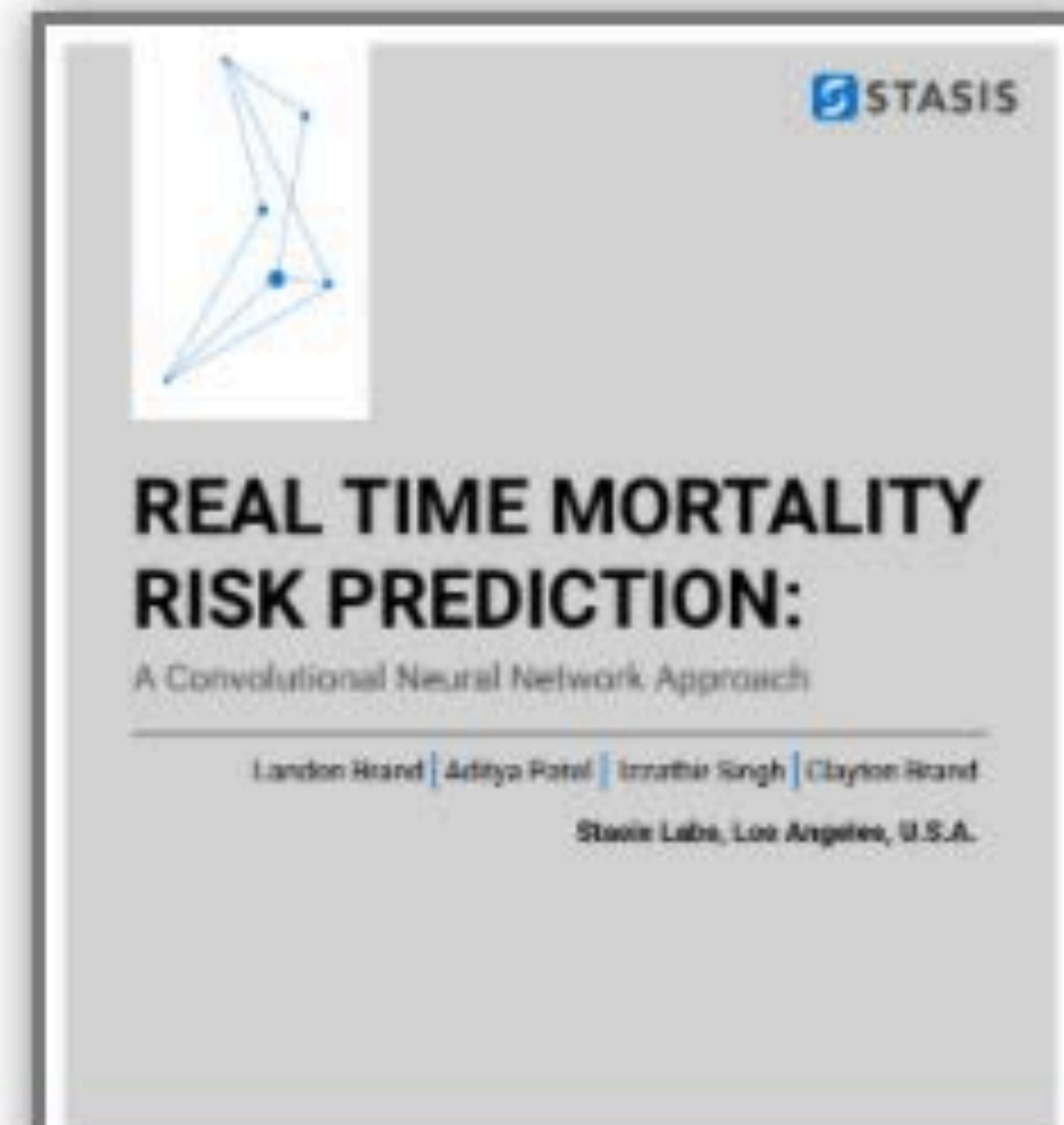
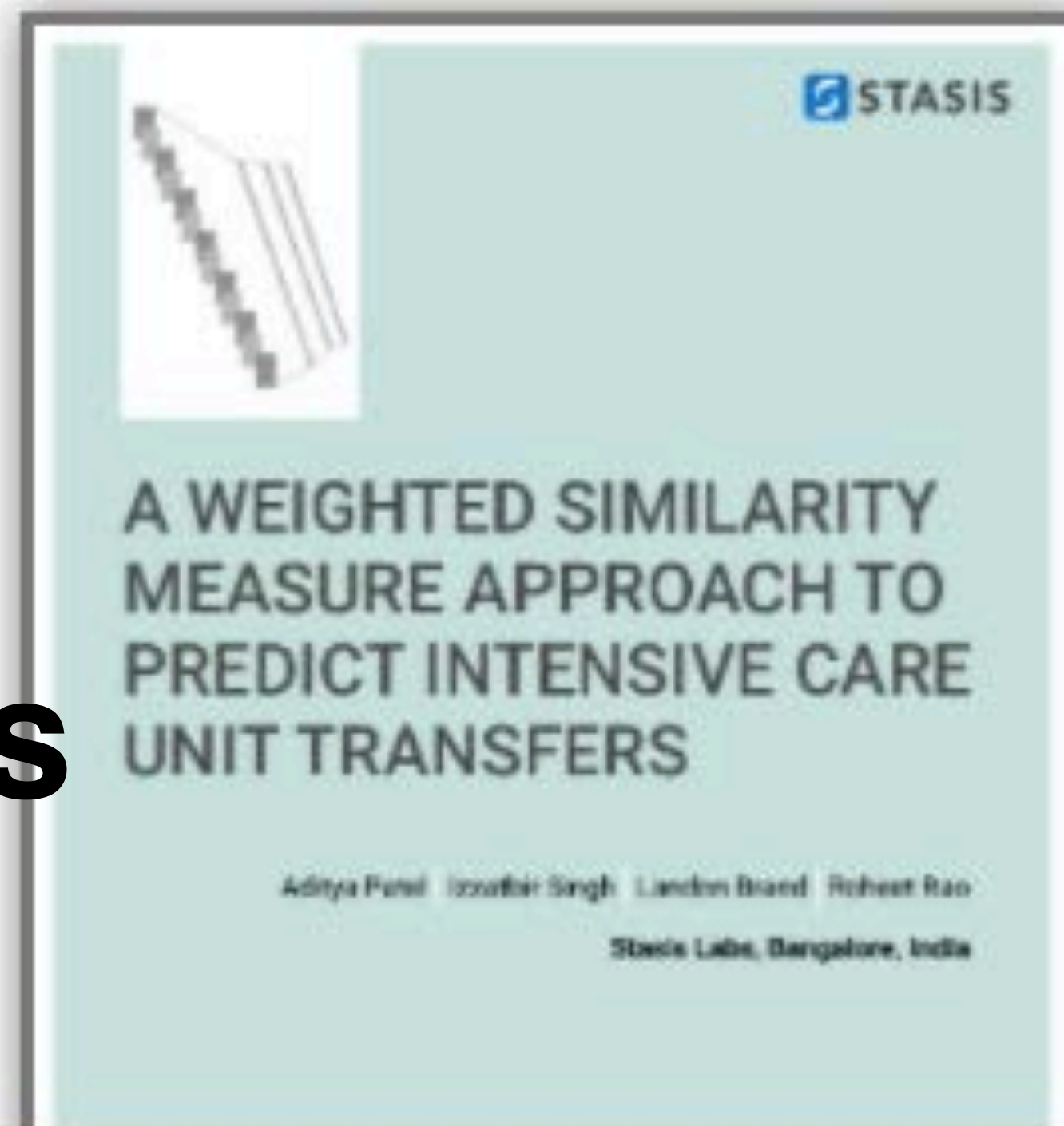
**TIME** **BBC** **Forbes** **c|net** **DELLTechnologies**



# Stasis AI Development

Know about patient deterioration, before it happens.

Stasis is developing algorithms to inform caretakers up to twenty minutes before a critical event.



**Stasis Labs**

# Quarantine at Home

## Galel QKit by 19 Labs

enables health  
implement minimally  
quarantine policies by  
remote monitoring of  
isolated individuals at

allows care providers  
assess patient's health using  
connected devices such as  
stethoscopes,  
infrared  
thermometers  
integrated through  
HIPAA



# Having to Act in the Face of Limited Evidence



# “How Do Hospitals Decide Who Gets Treatment?” - NYT

- Guidelines vary by state, involving factors such as age, health problems, pregnancy and cognitive abilities









“

**“No one in the United States has had to implement guidelines like this, at this scale, or for the duration that we may have to.”**

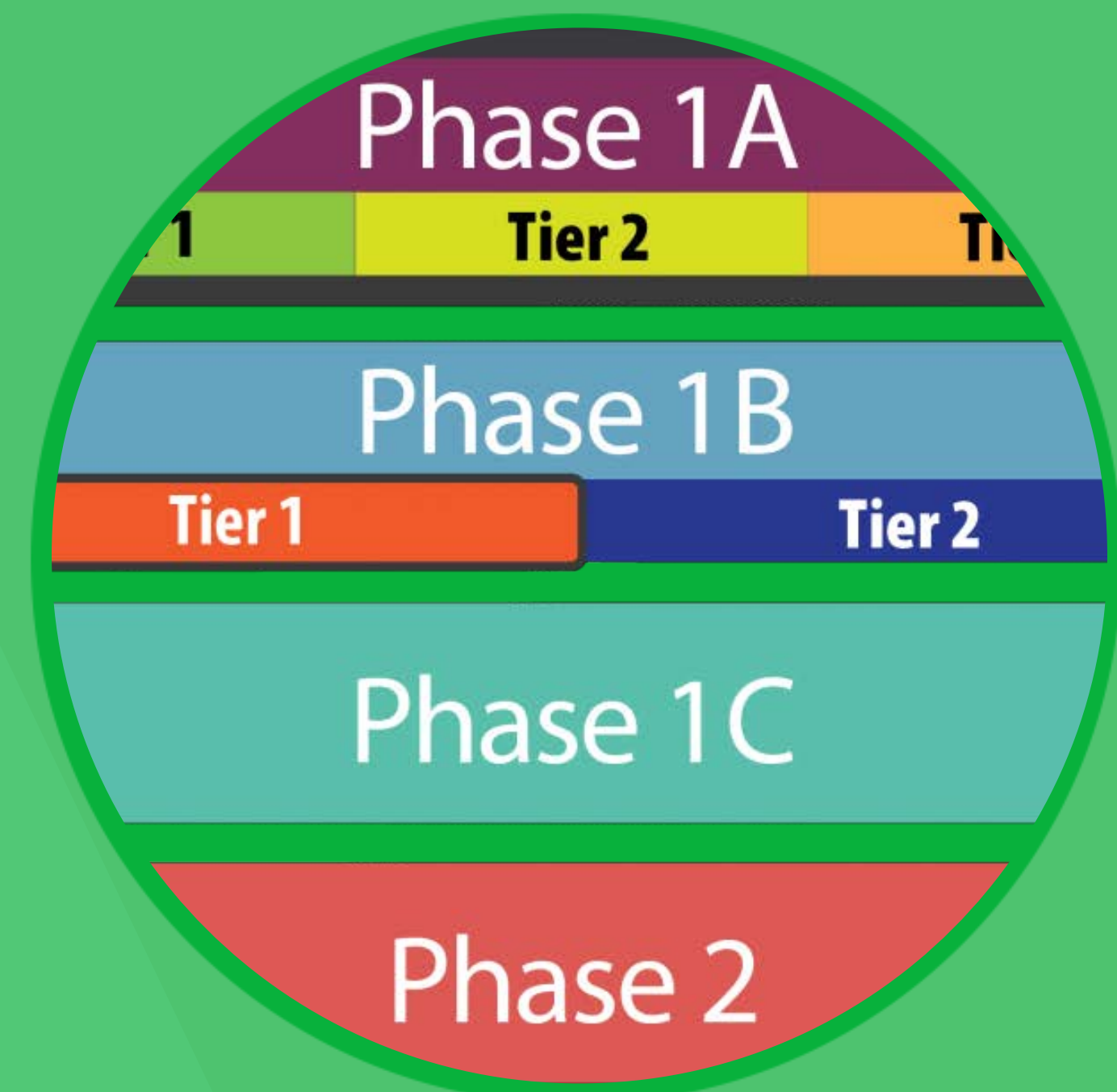
”

Dr. Arun Patel, Director of Quality, Patient Safety, and Risk Management - Los Angeles County Health Services

# Having to Act in the Face of Limited Evidence



# Rapid Iteration of Guidelines



# When a public health emergency creates demand for critical care resources that outstrips available supply...



## Los Angeles Department of Health Services Guidelines Care Resources During a Public Health Emergency Summary Overview

The COVID-19 pandemic has shown that a surge of COVID-19 patients can exceed the demand for those resources, decisions must be made about who will and who will not. As a result, the Los Angeles County Department of Health Services developed guidance for its facilities regarding the triage of critically ill patients (e.g., ventilators, critical care services, staffing, space, etc.) that outstrips available resources. For a more detailed discussion of the guidelines and their background and underlying rationale, please refer to the full DHS "Guidance for Allocation of Scarce Critical Care Resources During a Public Health Emergency".

The guidance provides for designation of Triage Officers at each hospital who have the authority and responsibility for assessing availability/scarcity of resources and for collaborating with administrators and clinicians to allocate them according to the guidelines described below, with the overall goal of doing the most good for the most patients.

The Guidelines are intended to be used at a time of "crisis" care, meaning a facility is overwhelmed with patients that it is simply unable to deliver typical standard of care, as opposed to "conventional" care, which is normal standard of care provided under normal circumstances, and "contingency" care, often associated with surge conditions. The goal is normal standard of care, but may require changes in standard of care to achieve that). (Appendix A provides information about how resources are allocated during a crisis, and how to prepare for that process.)

These Guidelines are grounded in the following Ethical and Guiding Principles:

- Maximization of public health – doing the most good for the most people

01

Staffing is the most likely resource shortage

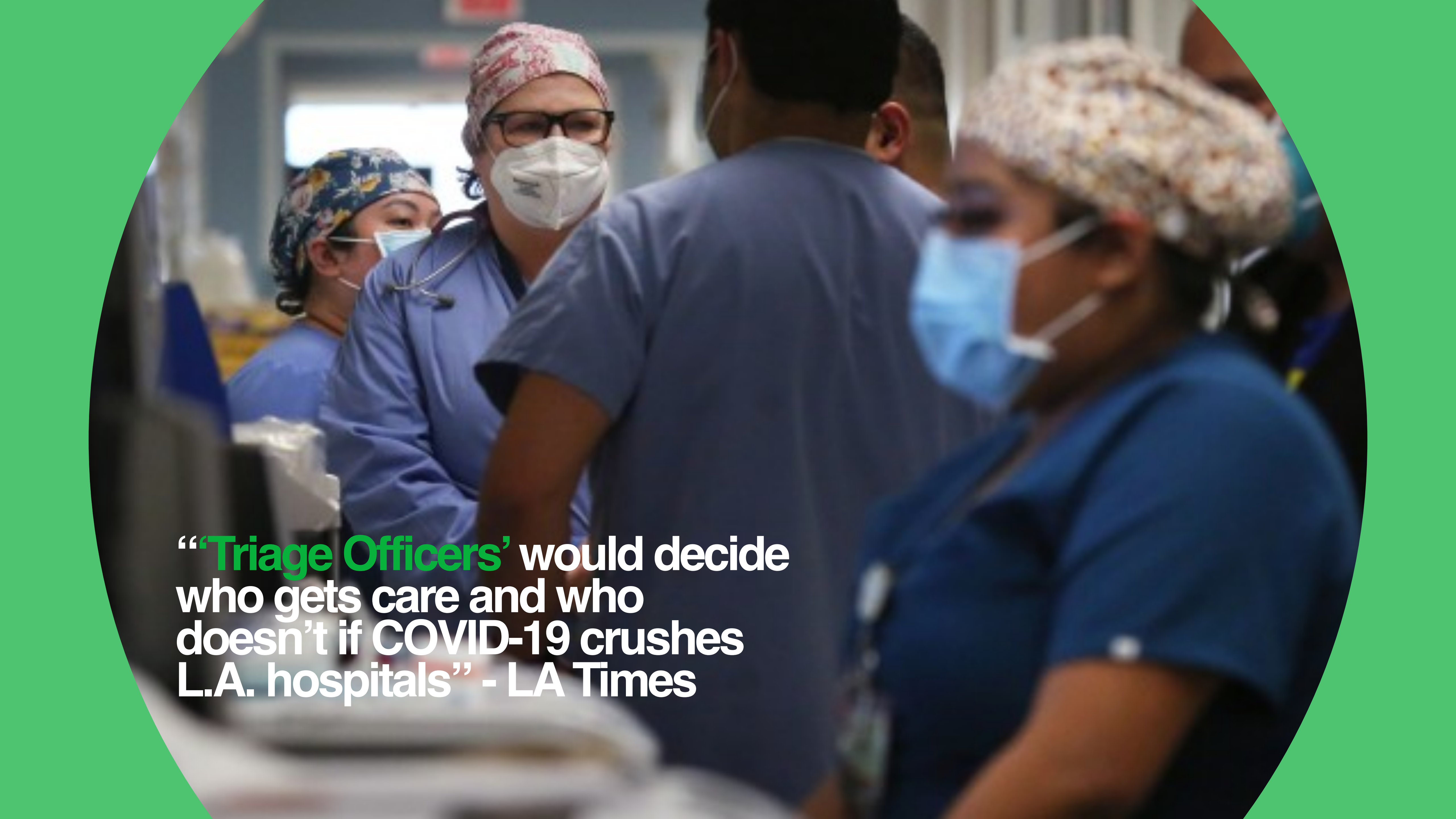
02

Decisions will be made based on greatest benefit to greatest number of people,

03

Local decision-making; rapid iteration

Los Angeles County Department of Health Services Guidelines



**“Triage Officers’** would decide who gets care and who doesn’t if COVID-19 crushes L.A. hospitals” - LA Times

# Dr. Leon Bernal-Mizrachi

Associate Professor in the  
Department of Hematology and  
Oncology at Emory University  
School of Medicine



01

**Created guidelines for  
management of cancer in  
COVID patients**

02

**Built upon his experience  
managing HIV patients**

03

**Curative intent vs. Non curative  
intent**

# Limited Clinical Tools for a Complex & Evolving Disease







**Dr. Bob Wachter,  
UCSF**

“

**Real-time  
dashboards  
have become,  
almost, an  
expectation.**

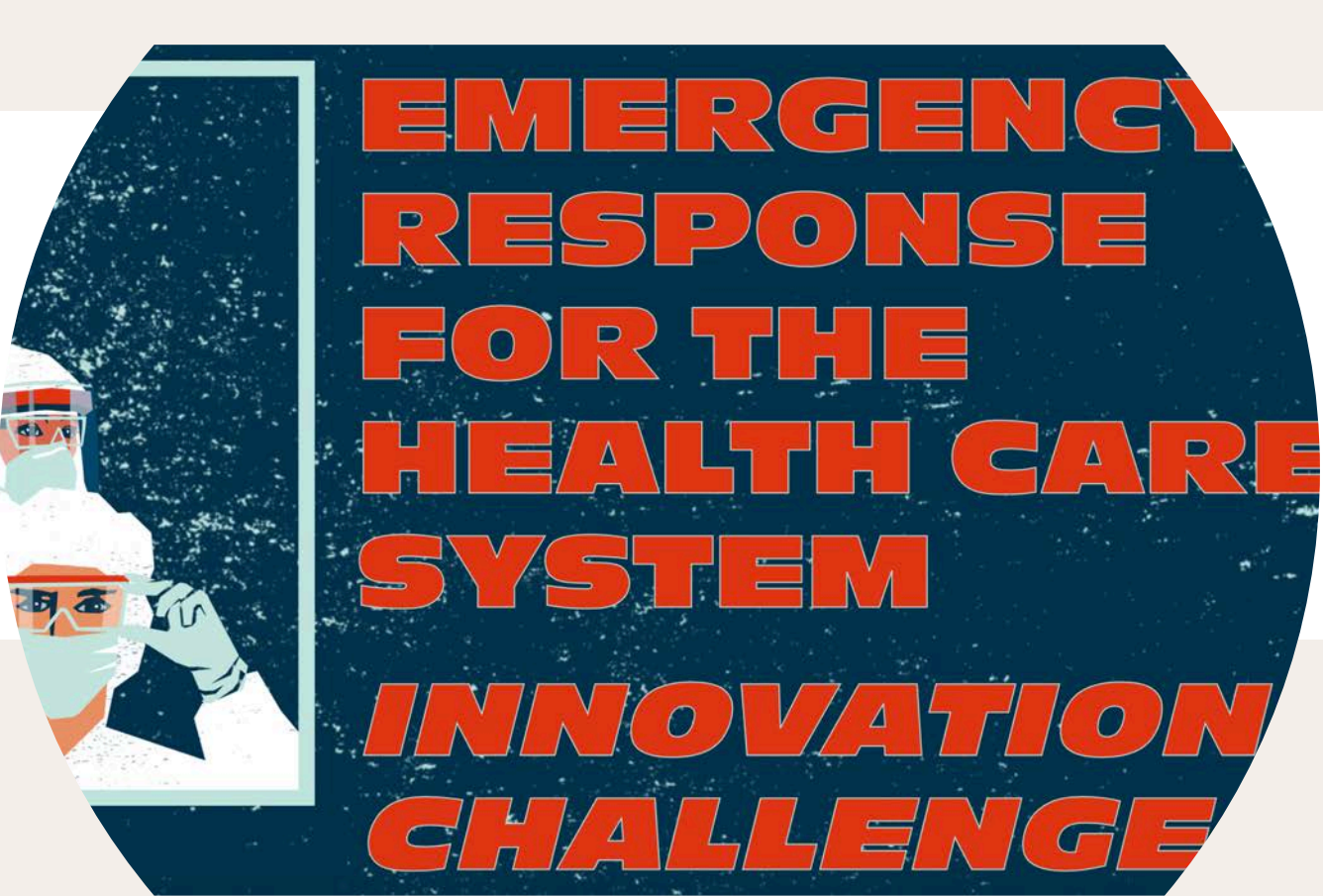
”

# Limited Clinical Tools for a Complex & Evolving Disease



# Improved Dashboards & Interfaces to Optimize Care





- Managing COVID-19 demand through optimizing operations & patient flow
- Alleviating critical resource constraints
- Supporting frontline teams

The screenshot shows the Qventus dashboard for Unit 5B. The top navigation bar includes a home icon, the unit name "Unit 5B", a dropdown arrow, and the text "LAST UPDATED: 03/31/2019 @ 7:00AM". The Qventus logo is in the top right corner. Below the navigation bar is a search and filter section with a "FILTER" button, a search input field, and a "Sort By: Room" dropdown. The main content area is a table with columns: PATIENT INFO, ROOM, CARE TEAM, LOS (DAYS), EDD, CLINICALLY READY, DISPOSITION, BARRIER, and NOTES. The table contains four rows of patient data. A "Q-Bit Suggests:" overlay is visible, showing a suggestion to "Add 'MRI' Barrier" and a notification that "Order #23284902 was placed on 03/28/19 @ 3:28pm". A blue "ADD BARRIER" button is at the bottom of the overlay. A "rehab" label is visible below the overlay, and a "Placement" button with a red dot and an "MRI" button with a purple dot are at the bottom right of the table area.

PATIENT INFO	ROOM	CARE TEAM	LOS (DAYS)	EDD	CLINICALLY READY	DISPOSITION	BARRIER	NOTES
W. Harvey 50   M   959 18 32	5B-501	RN Elliot Reed MD Harry Weasley	3	04/04/19	No	Home	O2	Add notes ...
N. Griffin 76   M   849 20 11	5B-502	RN Carla Espinosa MD Christopher Turk	2	04/01/19	Ye			
B. Farve 85   M   482 00 11	5B-503	RN Carla Espinosa MD Christopher Turk	4	04/03/19	Pc To			
E. Reed 37   F   392 44 10	5B-504	RN Carla Espinosa MD Christopher Turk	3	04/03/19	Ye			



### *Deliver for Patients*

Bring new therapies and medical devices to market to improve patient quality of life – while reinvesting new revenues to fuel clinical care programs, expansion, and hiring



### *Access All of Your Data*

Gain relevant insights from your own data to map patient journeys, detect adverse event signals, recruit patients to join clinical trials, and manage drug inventories more easily between sites



### *Expect Data Gatekeeping*

Your compliance resources maintain approval of

# Population Level Analytics for COVID-19

[Click here to explore](#)

Population Level Analytics for COVID-19 Powered by Roche

[ABOUT](#) [SIMU](#)

[COMPARE SELECTED F](#)

**Metric**

Deaths  Conf

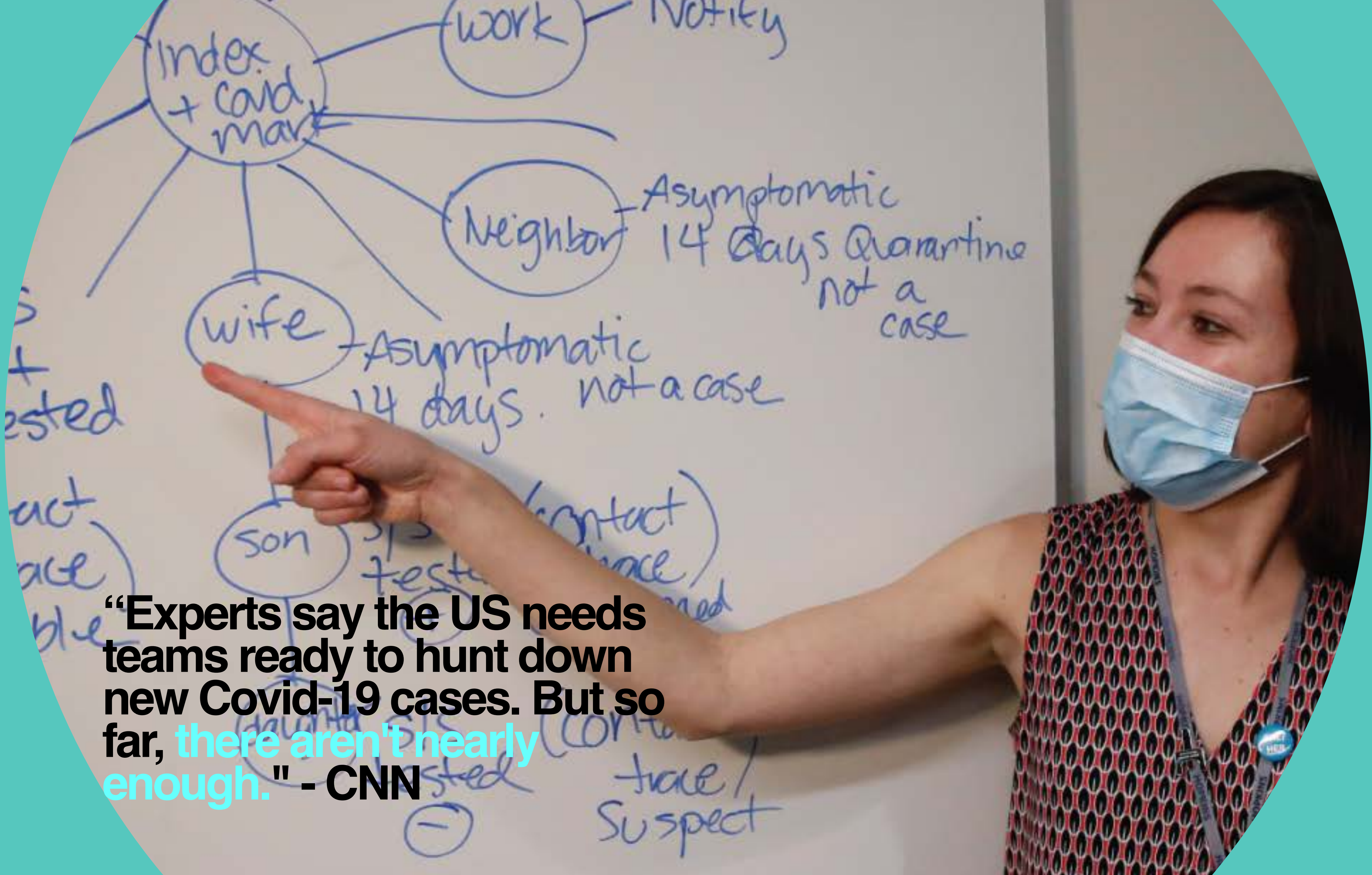
Start date

Chronological ▾

**Action**

# Limited tools for Testing and Tracking





**“Experts say the US needs teams ready to hunt down new Covid-19 cases. But so far, there aren't nearly enough.” - CNN**



# Limited tools for Testing and Tracking



# Innovations in Testing & Vaccine Tracking for Different Populations



HEALTHDESK

HealthDesk Vaccine Virtual Queues are the best way to  
manage vaccine distribution.

**Join Vaccine Virtual Queue  
Wait List**

Phone

6 7890



# Functional Fluidics Defining Red Blood Cell Health

**How it started**

A female scientist with dark hair tied back, wearing safety glasses and a white lab coat, is focused on her work. She is using a yellow pipette to transfer liquid into a small white container. In the background, a microscope is visible on a lab bench. The scene is set in a bright, clean laboratory environment.

**COVID-19**

**Comprehensive Workplace Testing  
Solution**

**How it's going**



“  
**Do not limit  
yourself to  
the tools  
that are right  
in front of  
you.**

”

Dr. Patrick Hines, pediatric  
critical care doctor and  
founder of biotech startup  
Functional Fluidics



“Albany County Launches Coronavirus  
Vaccine **Pre Registration Tool**”  
- Union Times

# COVID-19 Vaccine Administration Tracking



## Rapid Response Open Calls

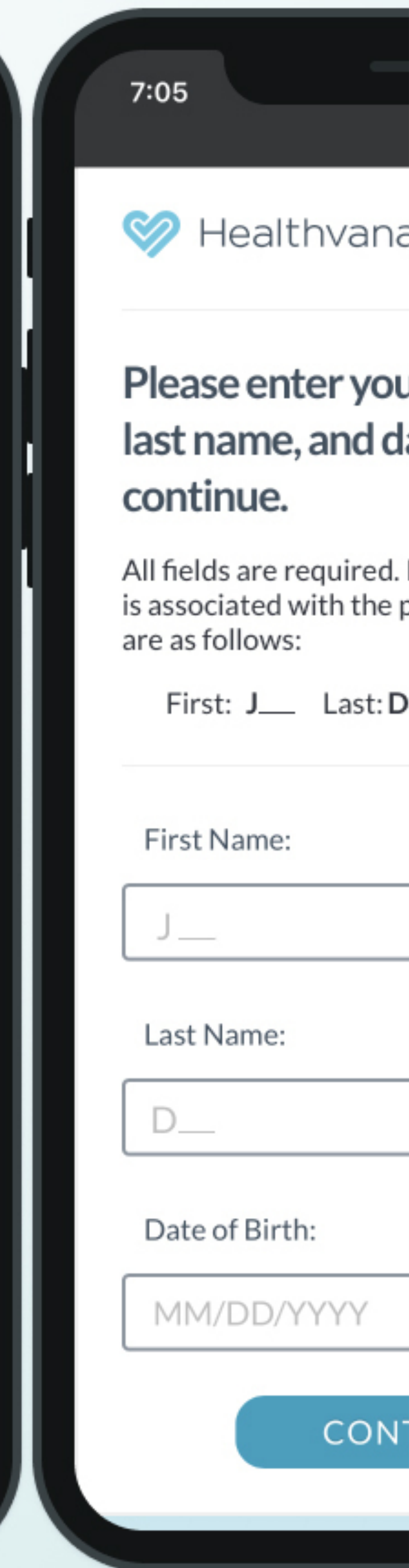
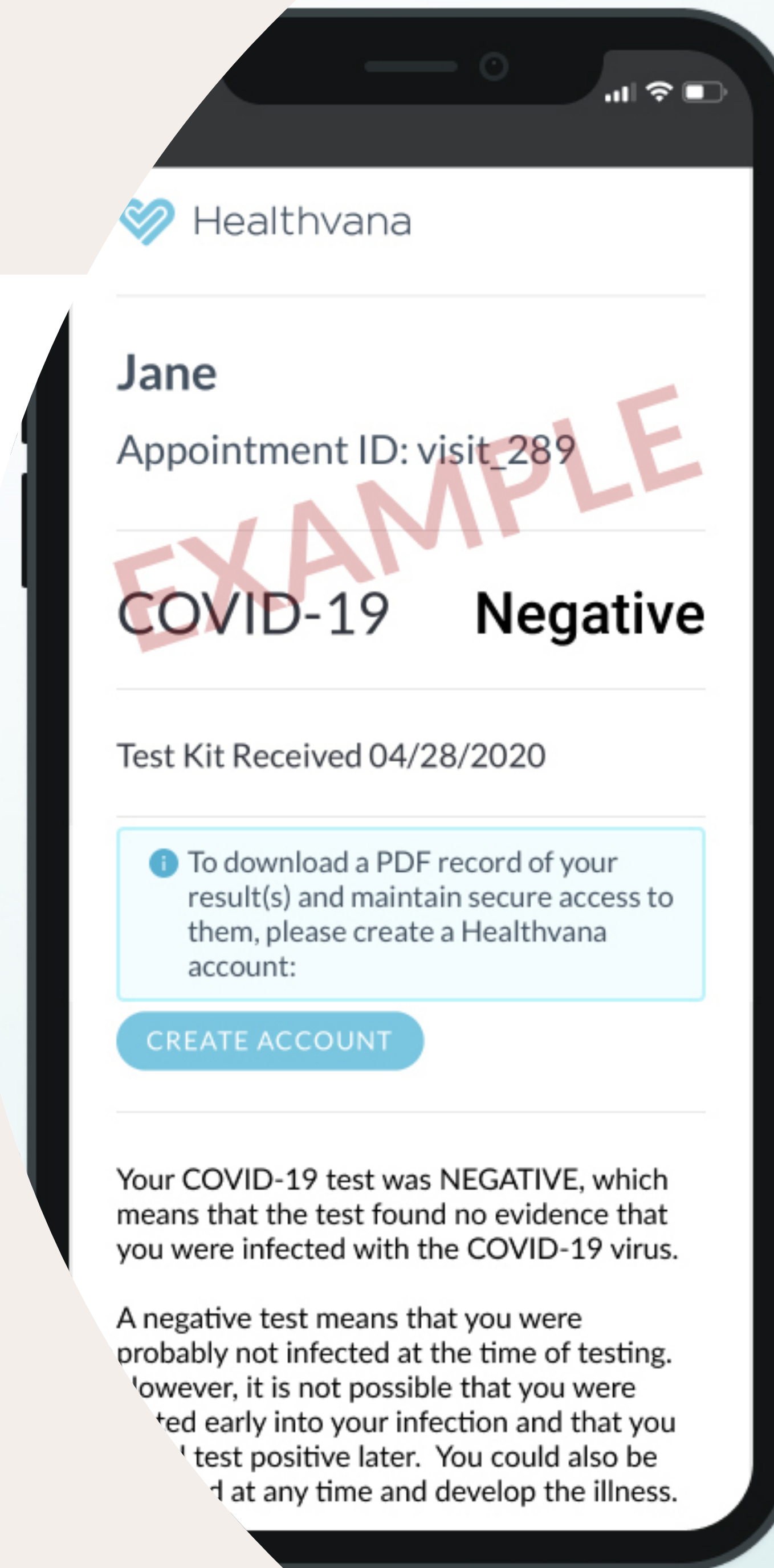
Nearly 50 companies responded



## COVID-19 Vaccine Scheduling

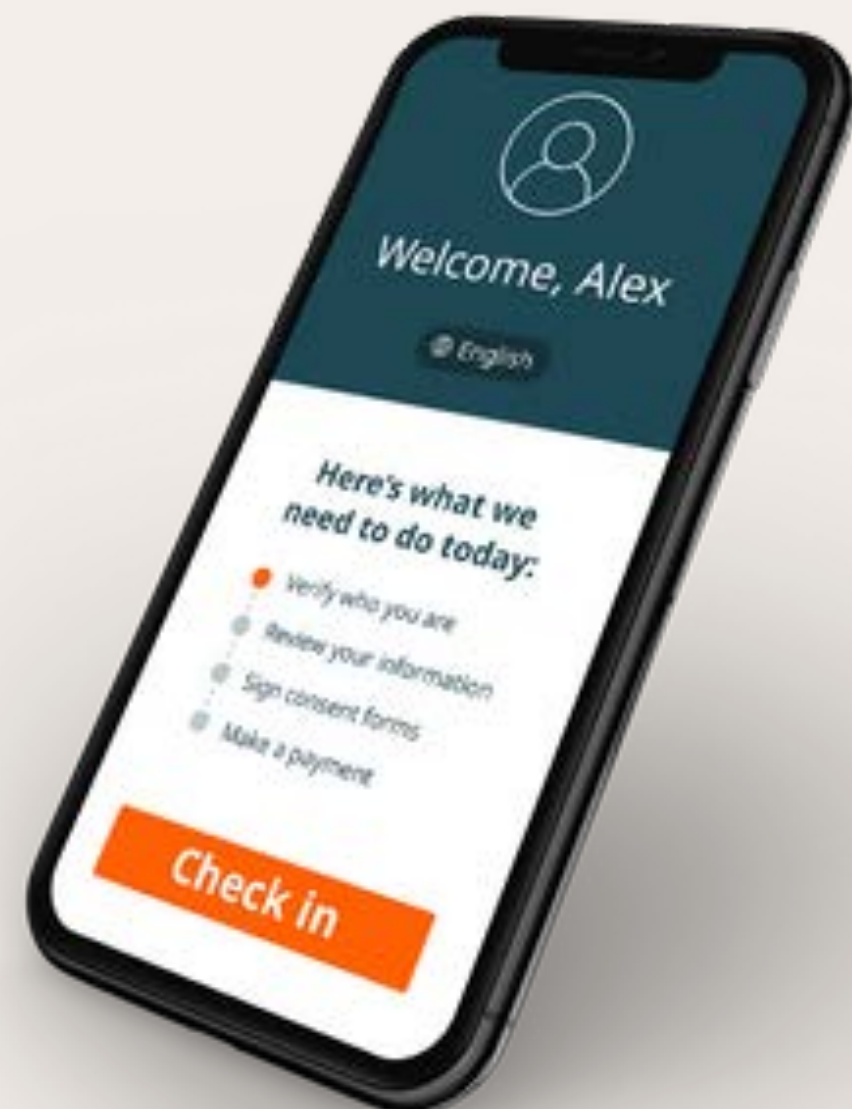
# Healthvana helping end COVID-19

- Over 8 million test results delivered
- Digital vaccination record and 2nd dose reminders
- Digital contact tracing
- Emphasizes communication, not acting as passports for the immune





# Phreesia's COVID-19 Response



01

**Vaccine Management  
Solution**

02

**Intake for Telehealth and  
Zero-Contact Telehealth**

03

**COVID-19 Screening  
Module**



Need a COVID test? Instantly book a visit near you.

Find test

## Convenient healthcare for everyone.

Book same-day doctor's appointments, COVID tests, and video visits.

Search

Symptom, CO...

Location

Current Location

Time

ASAP

Patient

Adult


Search



**BUILD ON  
WHAT'S  
ALREADY IN  
PLACE**

# Limited Public Health Infrastructure





UNDERFUNDED AND UNDER THREAT

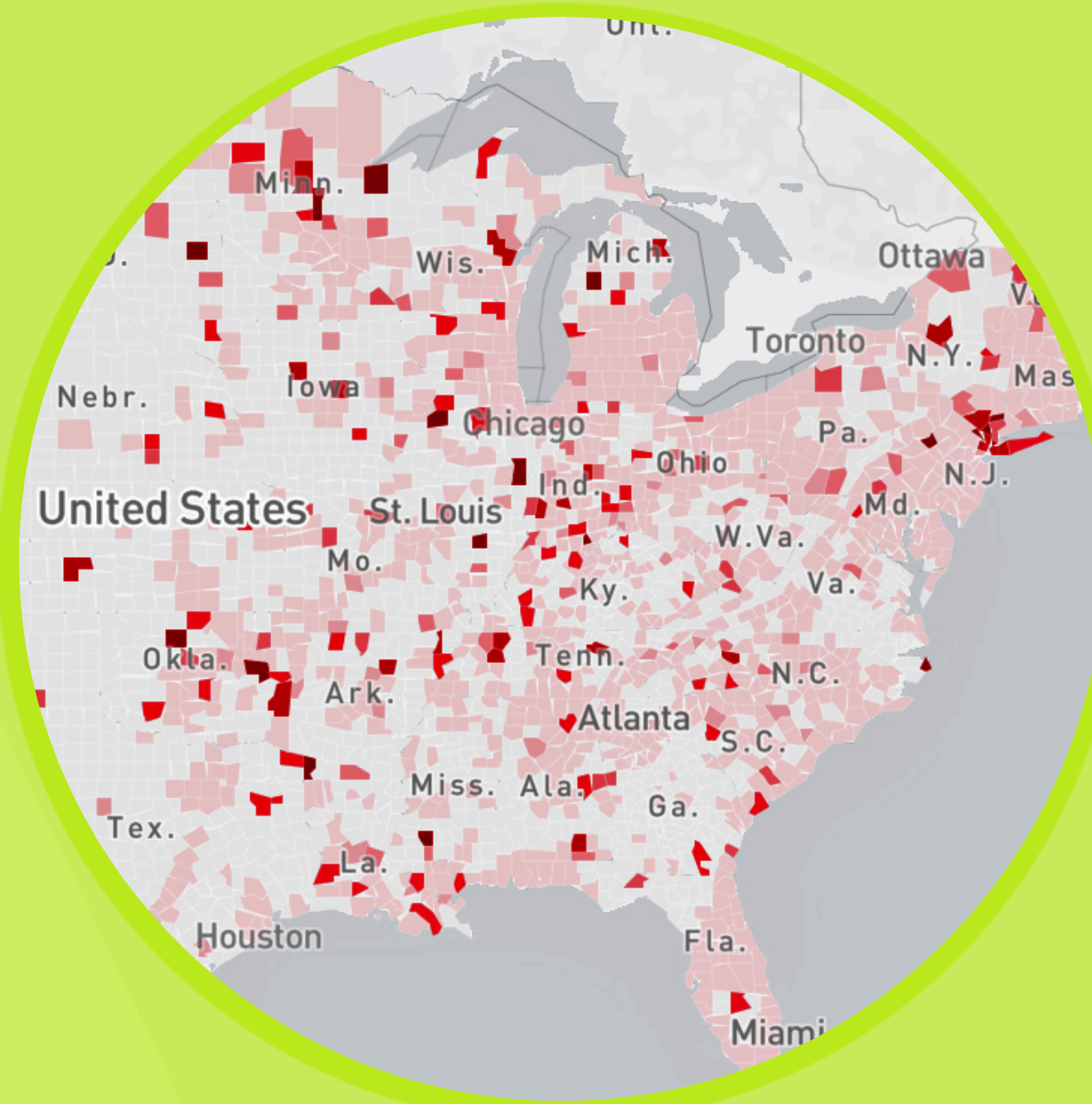
# Hollowed-Out Public Health System Faces More Cuts Amid Virus

U.S. public health system has been starved for decades and lacks the resources necessary to  
confront the worst health crisis in a century.

# Limited Public Health Infrastructure



# Harnessing Data Science to Improve Public Health



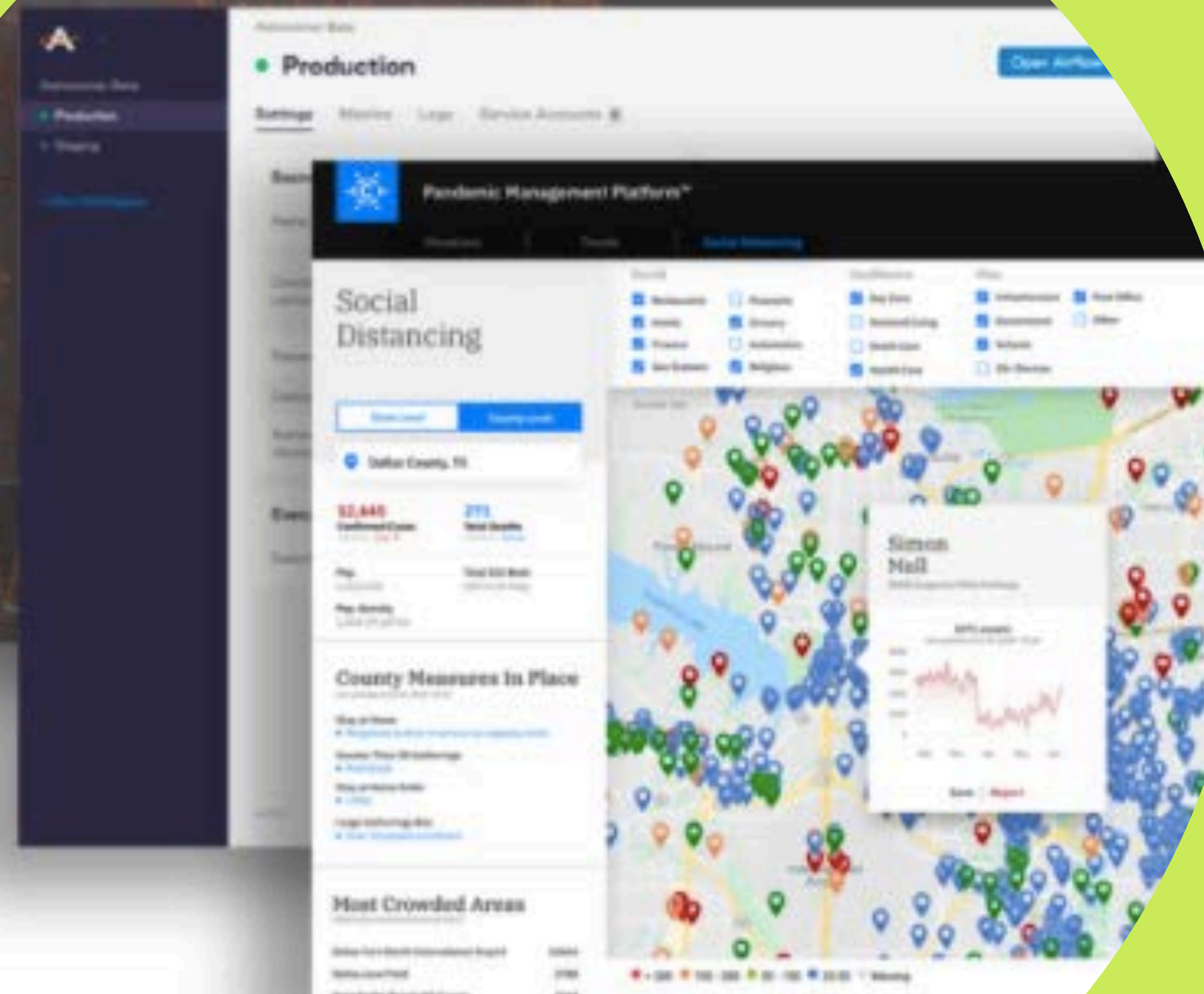
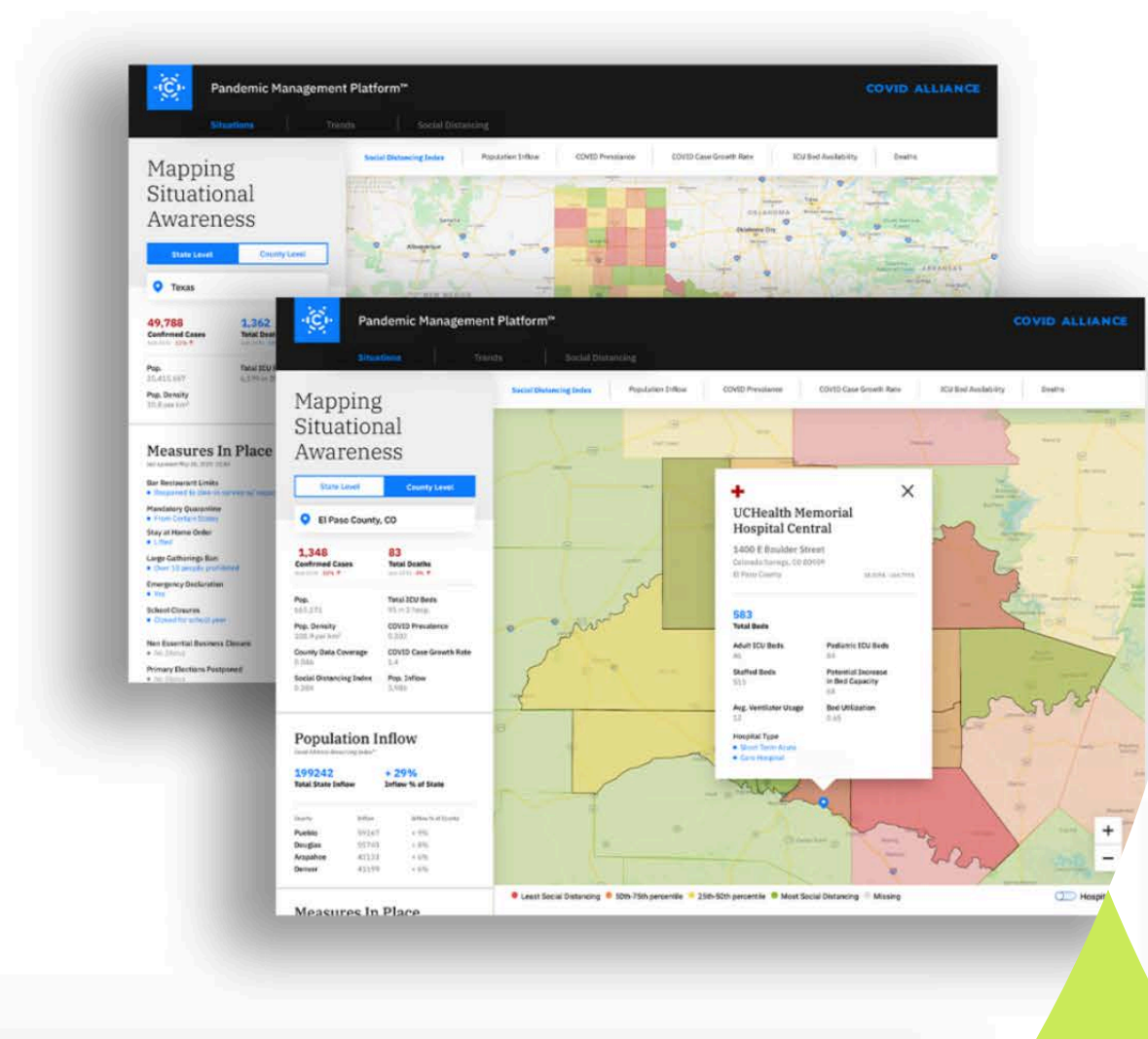
COVID ALLIANCE

About Us Offerings Get Involved Learn More

# How Safe Is Your Community?

Visualize your neighborhood's COVID-19 vulnerabilities, disparities, and risks.

Learn More

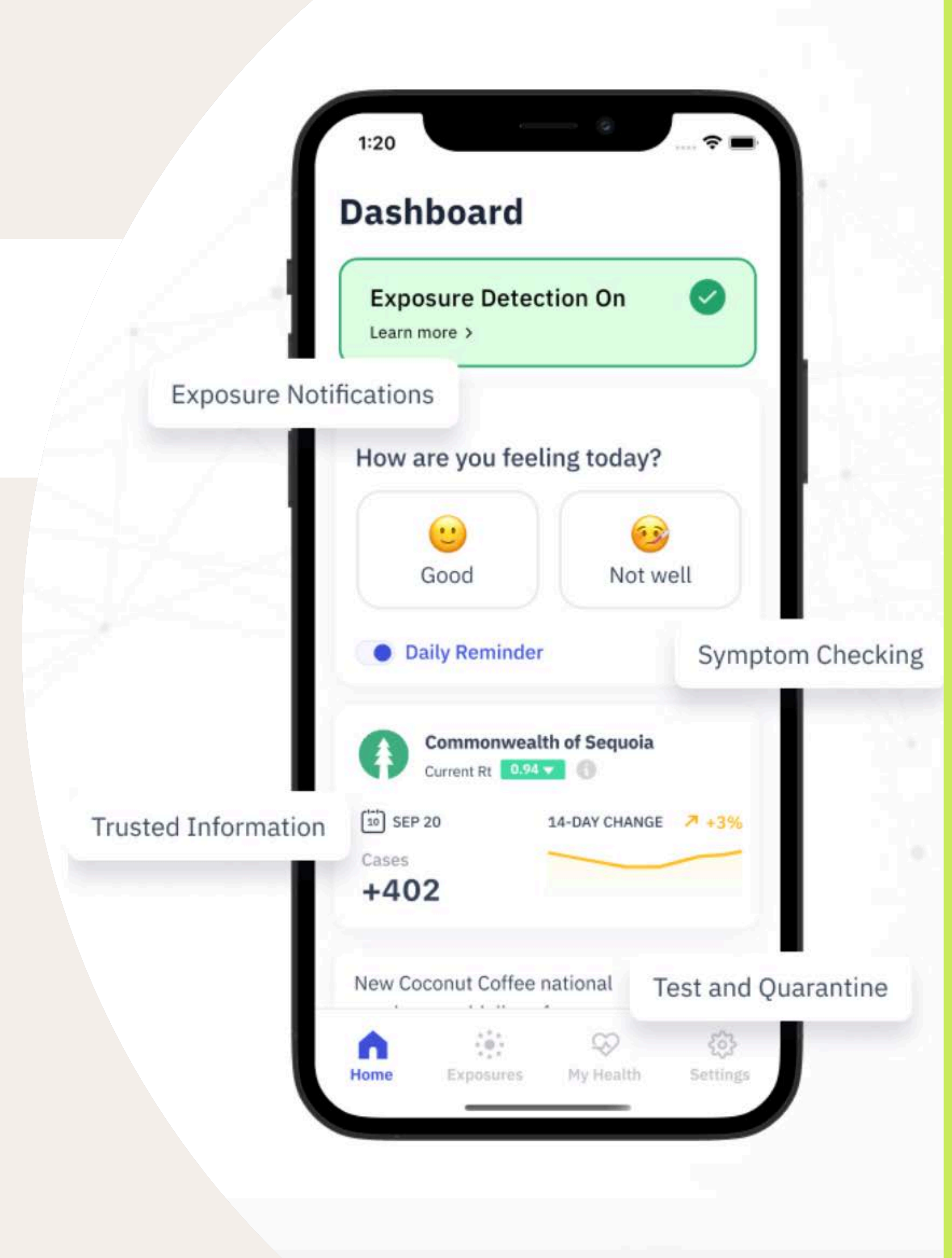


# The Center for New Data & The COVID Alliance



# PathCheck Foundation

- Fight COVID-19 With A Digital Pandemic Response
- Spun out of MIT
- Working on participatory epidemiology



# binformed | covidata



**01**

**COVID-19 health & risk  
assessment**

**02**

**COVID-19 symptom  
checker**

**03**

**Exposure management tool  
to track daily exposure risk**

## **“Scientists Are Trying to Spot New Viruses Before They Cause Pandemics” - NYT**

- **“Scientists want to build a weather system for viruses. It would require a big financial investment, plus buy-in from doctors, hospitals and blood banks”**
- **By analyzing blood samples at scale**

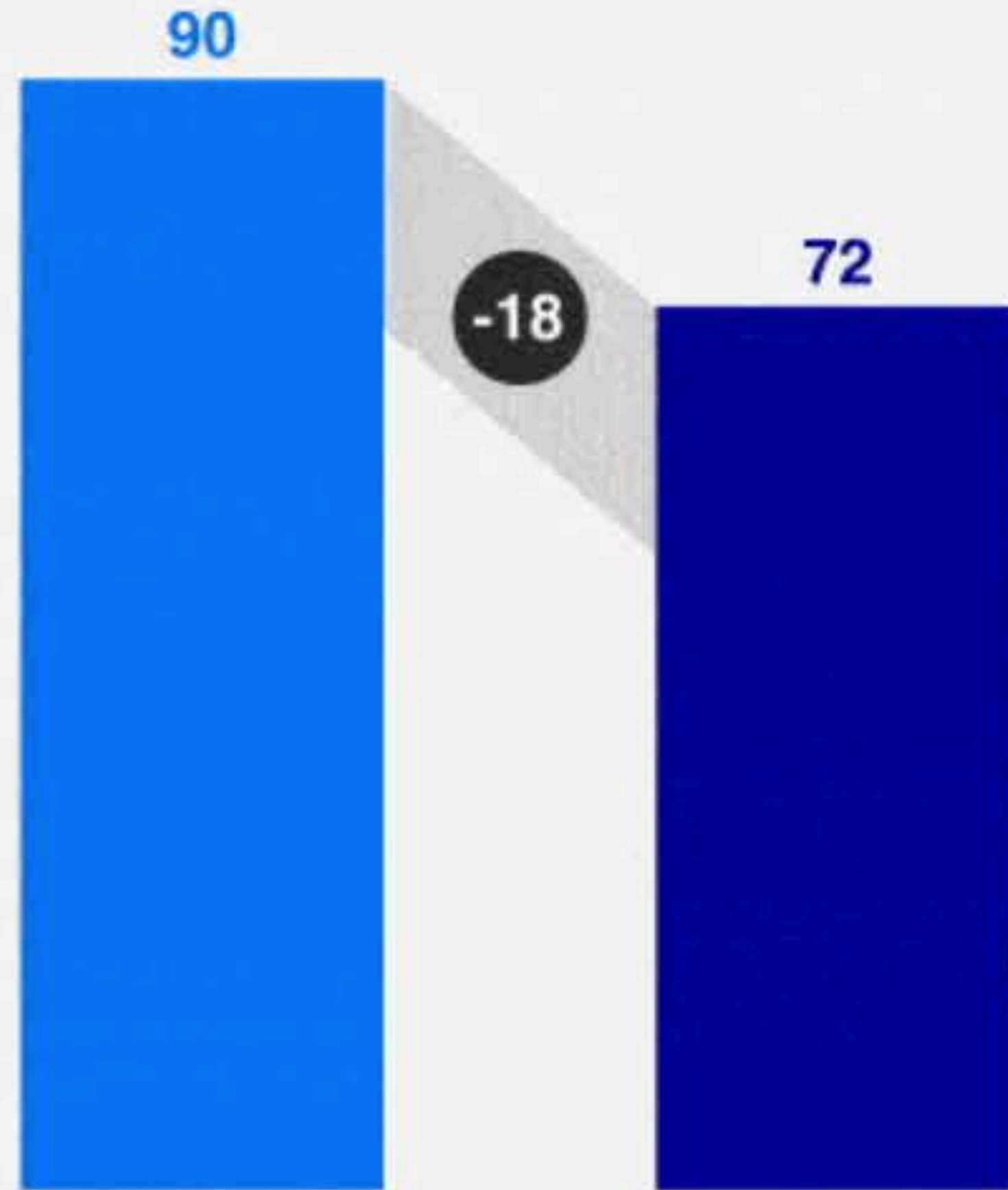


# Social Media Platforms Perpetuating Misinformation



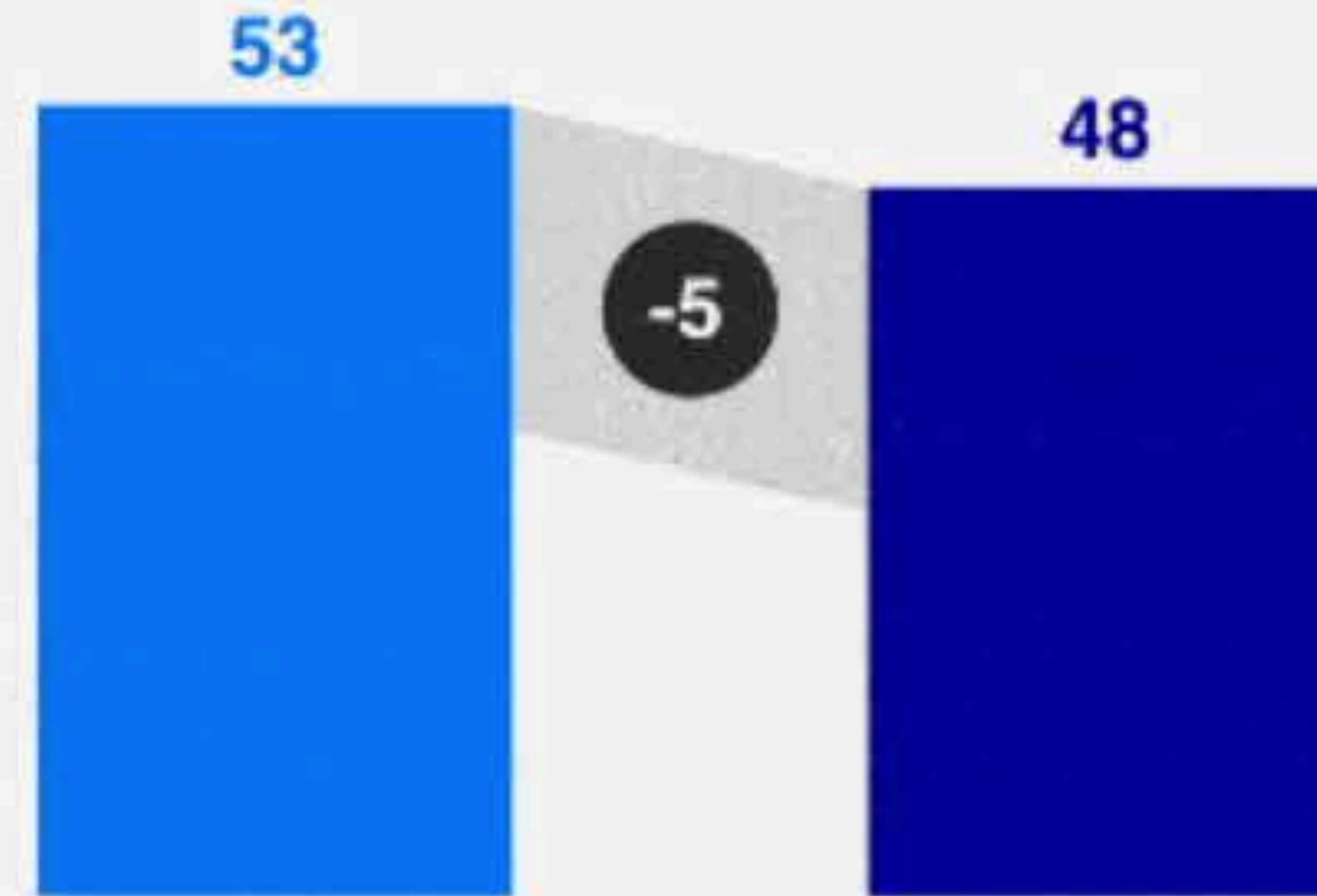
China

U.S.



May 2020

2021




May 2020

2021

**Trust declines  
in the World's  
two largest  
economies**

Edelman Trust Barometer 2021



**“Battling the ‘pandemic of misinformation’” - The Harvard Gazette**

A conceptual illustration featuring a hand holding a globe. The globe is a blue sphere with white binary code (0s and 1s) streaming across its surface. A silhouette of a person is shown at the bottom, reaching up towards the globe. The background is a light blue gradient.

**“Social-Media Algorithms Rule How We See The World. Good Luck Trying To Stop Them” - WSJ**

# Social Media Platforms Perpetuating Misinformation





# Leveraging Social Media for Good



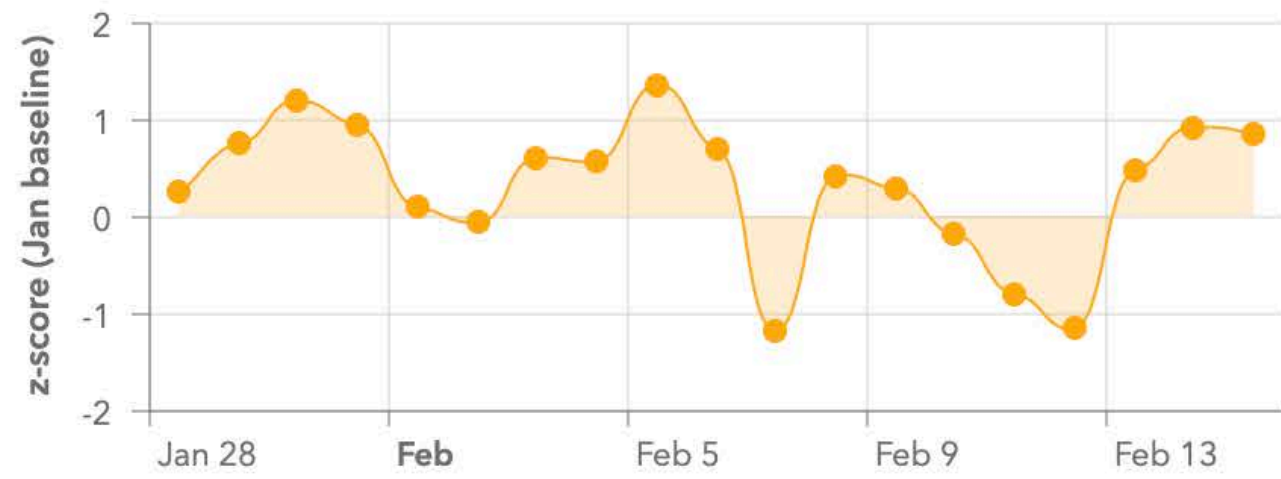
**Social Media and Emergency Preparedness in Response to Novel Coronavirus**  
- JAMA, 03/2020



**Dr. Raina Merchant, MD, MSHP**, Penn Medicine Center for Digital Health, Center for Health Care Innovation, University of Pennsylvania

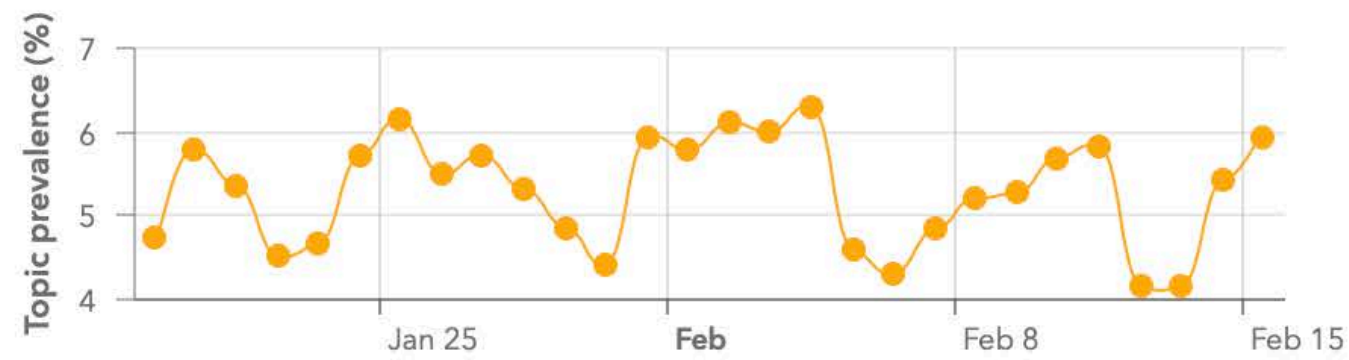
- 01** Directing People to Trusted Sources & Counteracting Misinformation
- 02** As a Diagnostic Tool & Referral System
- 03** Enabling Connectivity & Psychological First Aid
- 04** Advancing Remote Learning
- 05** Accelerating Research
- 06** Enabling a Culture of Preparedness

### Change in Loneliness



Anxiety Sentiment Loneliness

### Common topics: Economic Concerns

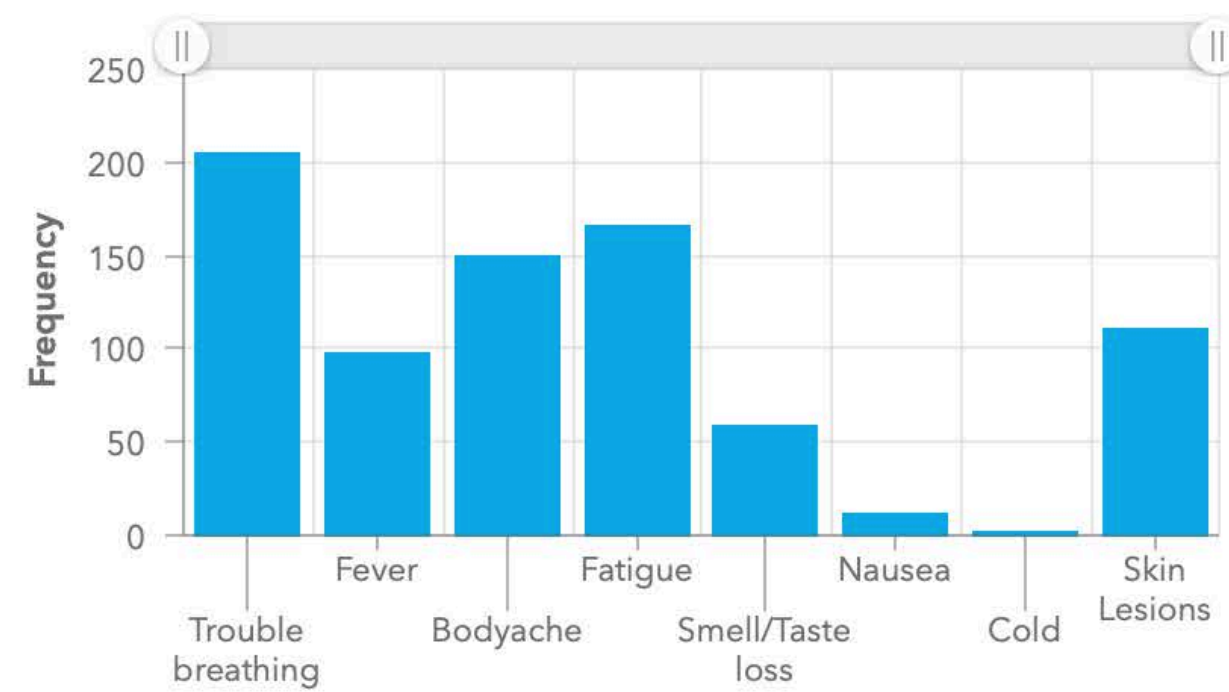


Healthcare Panic Buying Politics Economic Concerns

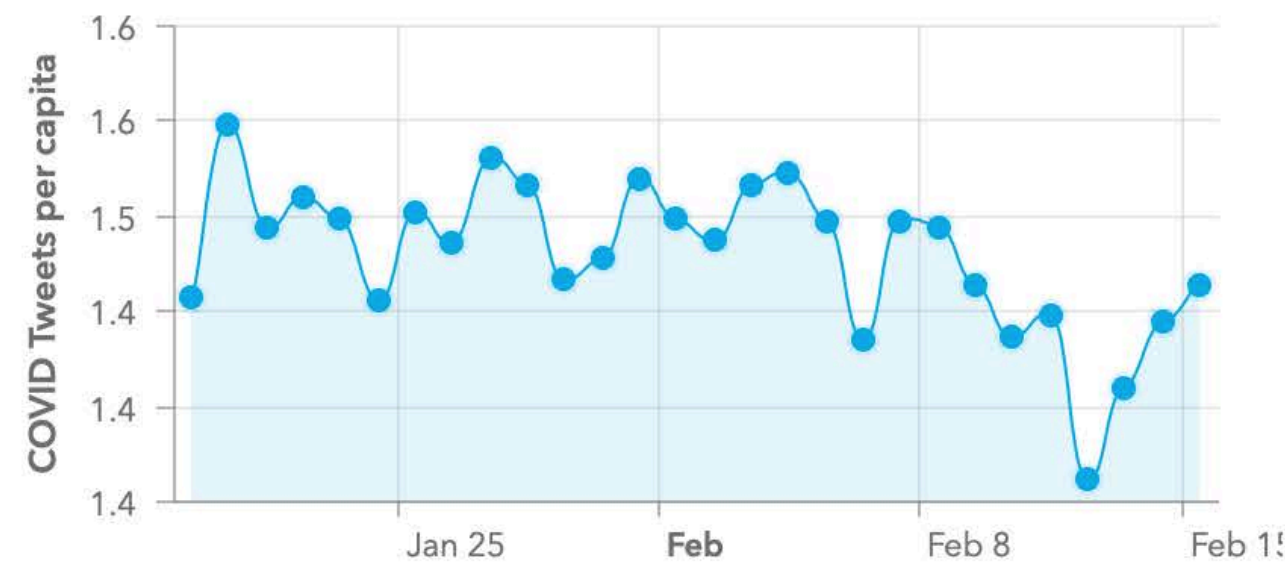
### Top Twitter topics in each state

No data to show here at this point...

### Top symptom mentions on Twitter in the US

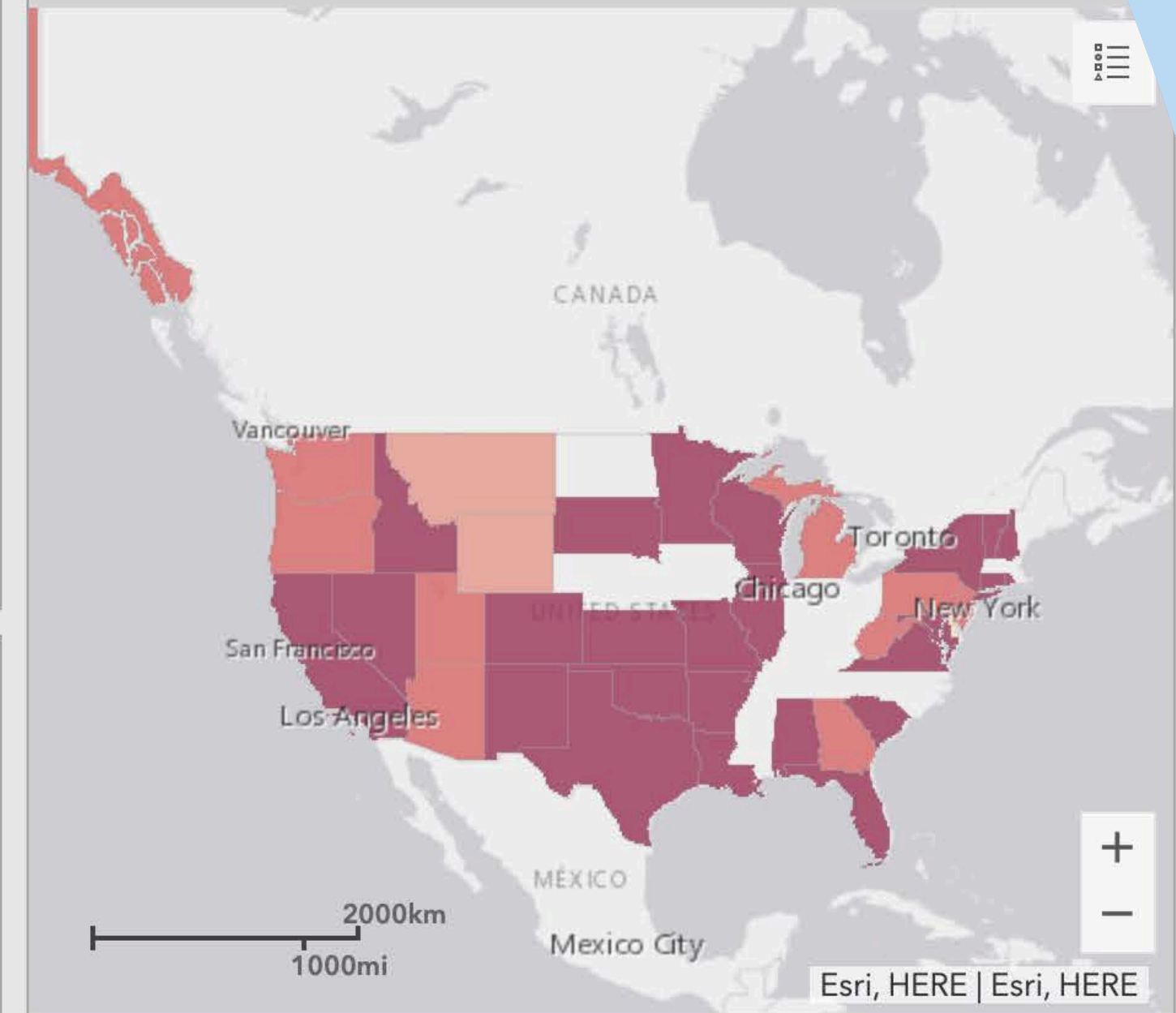


### COVID Tweets per capita



No Data No Data No Data No Data

### Twitter Sentiment across the US



(click on each state for more)

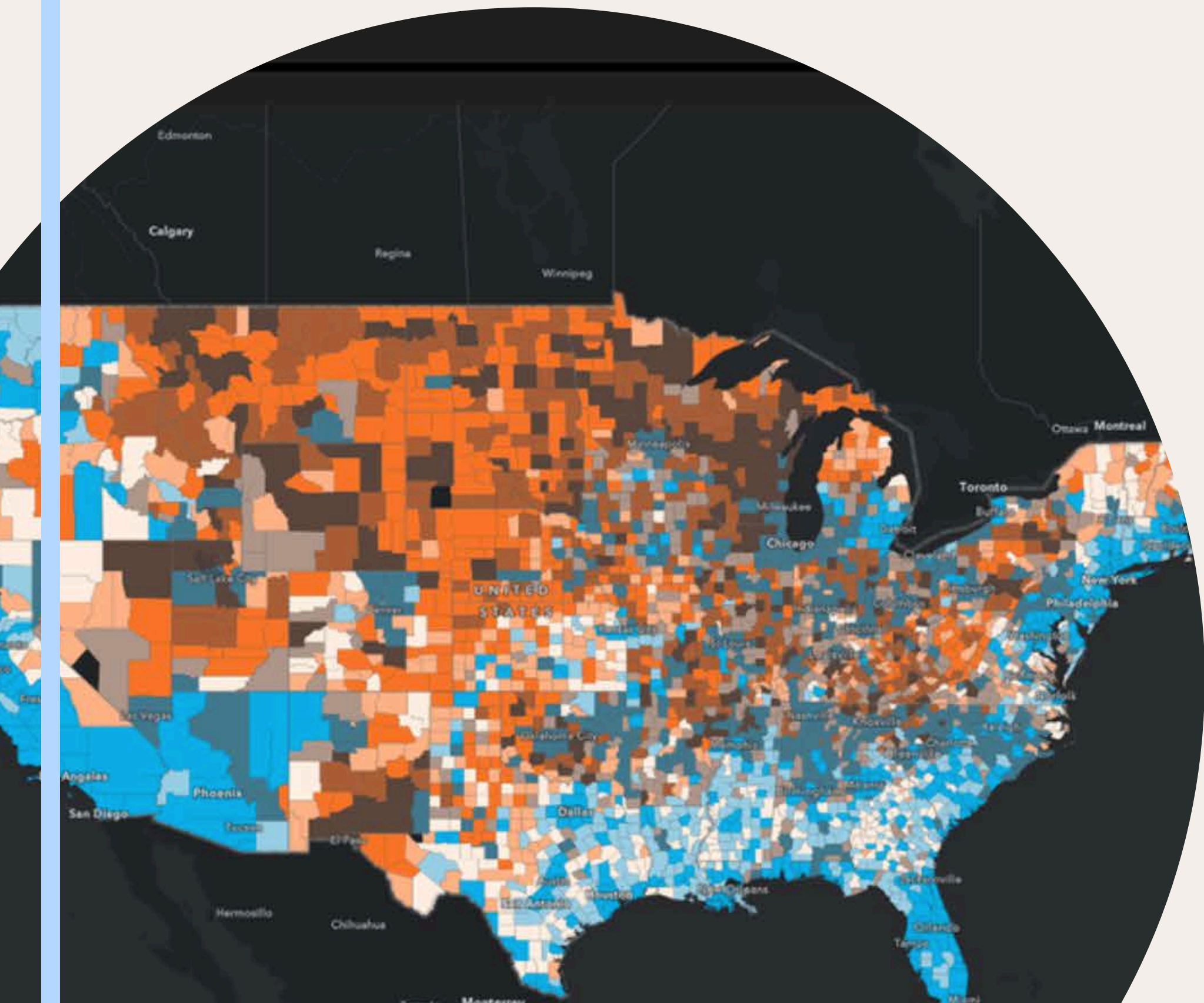
Sentiment Engagement Cases per 1 million

Mobile version: Click Here ; Paper: JGIM

Map Key: - DateTimes shown on the map are in UTC. -- The number of COVID related tweets per capita (#Twitter users) in each state is used as a proxy for Engagement (darker indicates more tweets per capita). The dashboard shows data for the US. -- [Positive - Negative] Sentiment per state is used as a proxy for Sentiment (darker indicates more negative). -- Cases per capita are calculated by divided the confirmed cases in each state by the state population (darker indicat

# Penn COVID-19 US Twitter Map

# The COVID-19 Symptom Survey



**facebook** Carnegie Mellon University  UNIVERSITY OF MARYLAND

01

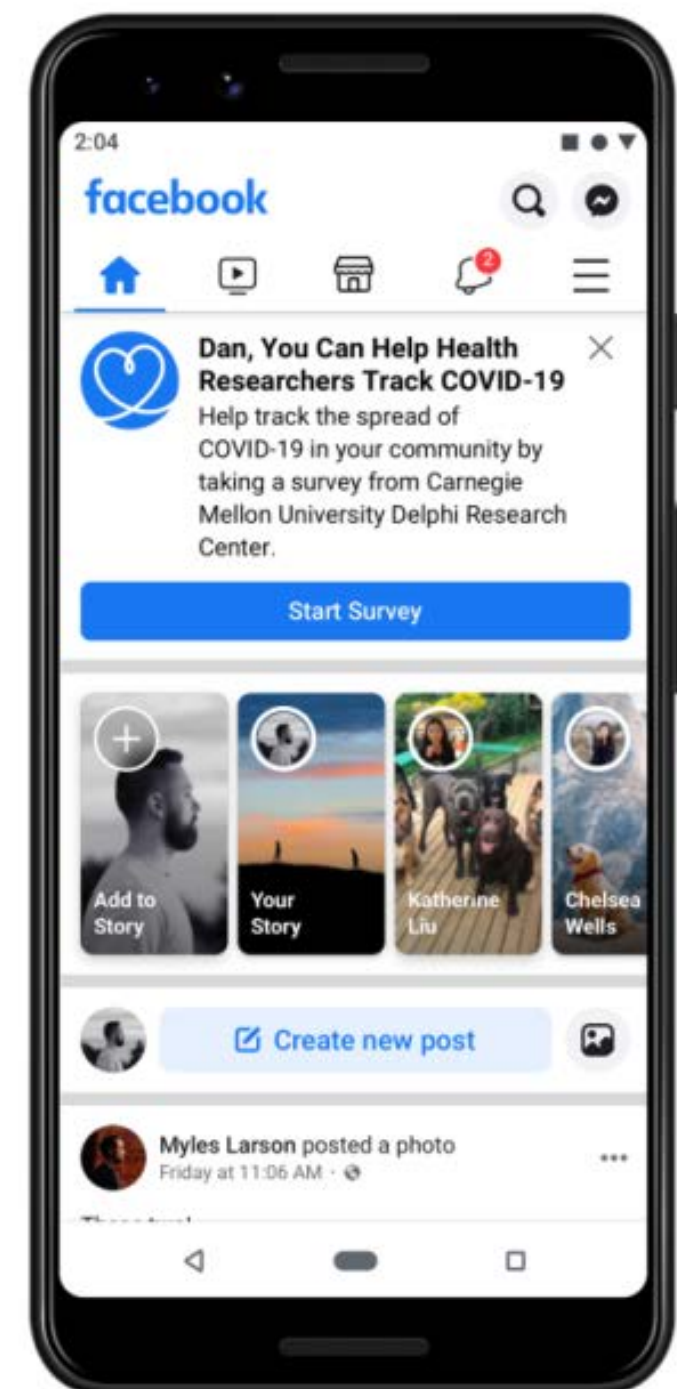
A collaboration between Facebook Data for Good, the Delphi Group at Carnegie Mellon University, and the Joint Program in Survey Methodology at the University of Maryland

02

More than 30 million survey responses

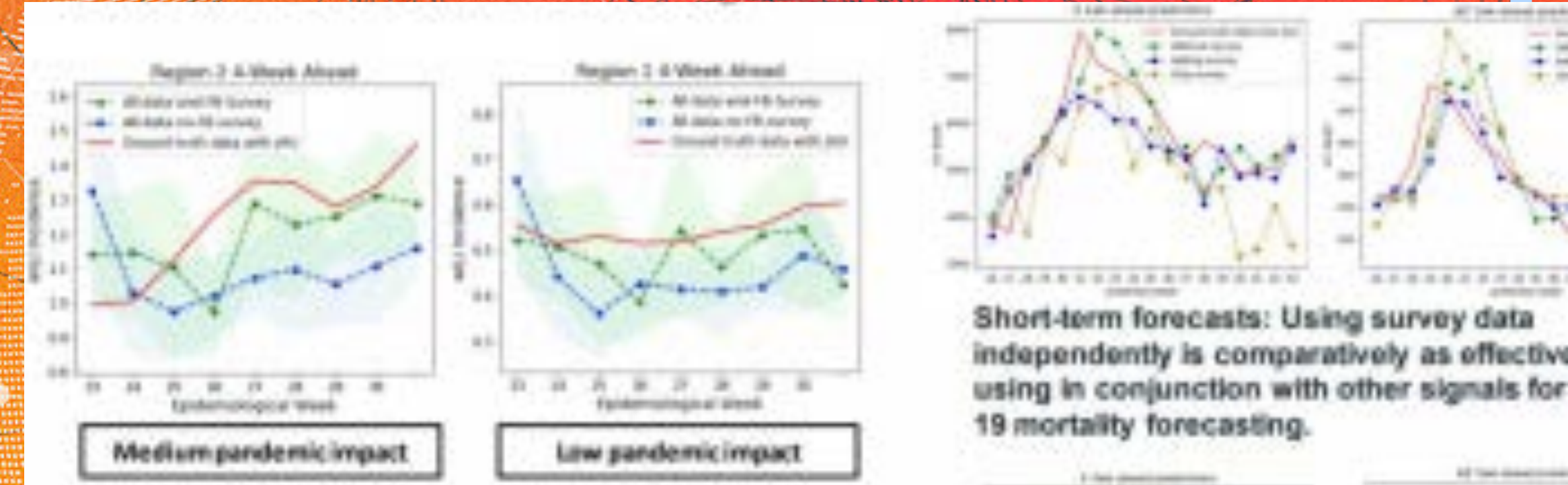
03

More than 1.5 million unique responses per week



# The COVID-19 Symptom Data Challenge

- With Catalyst @ Health 2.0, the collaborators from the Symptom Survey, Duke-Margolis Center for Health Policy, & Resolve to Save Lives, an initiative of Vital Strategies
- Winner: **DeepOutbreak**
- Created a framework for forecasting and comparing the domestic activity and trends in transmission of **COVID-19 versus symptomatically-similar illnesses**





**THINKING  
OUTSIDE  
TRADITIONAL  
BORDERS**

# Racial Disparities in Health





“

**The two  
pandemics  
are COVID  
and social  
injustice.**

”

**Cindy Bo**, Operational  
Vice President, Chief  
Strategy & Business  
Development Officer,  
Delaware Valley Lead,  
Enterprise D.R.I.V.E.  
Strategy and Task Force





**“COVID-19 vaccine inequity, racial disparities still a concern in Boulder County” - Daily Camera**

# Racial Disparities in Health



# Models to Improve Health Equity



# Dr. Monica Lypson

“Learning From The Past And Working In The Present to Create an Antiracist Future for Academic Medicine” - JAM



01

## Individual Actions

Use empathy, humility, and embrace growth while identifying and holding accountability for racist behaviors

02

## Structural Actions

Reexamine policies, curricula, and metrics to ensure they promote equality while using the platform to promote racial and health equity

03

## Academic Medicine Actions

Develop systems-level policies, reporting, & updated resource allocations to facilitate better health for underrepresented populations



**D.R.I.V.E.**

**CHANGE**

Building a Healthy Future for All

**D.R.I.V.E.**

Diversity. Anti-Racism. Inclusion. Value. and Equity.



Dr. Lisa Fitzpatrick, CEO of  
Grapevine Health

“

**As a Patient it is  
your right to ask  
as many questions  
as you need to to  
get the information  
you need to be  
well and healthy.**

”



Grapevine Health leverages storytelling, community-based support and digital communication to improve health literacy and health care engagement by learning and deeply understanding motivations and factors influencing medical decision-making.

Lisa On the Street: Doctor-Patient Communication

Watch later



RE VIDEOS


2:46 / 3:29

CC ⚙ YouTube

# A Crisis of Mental Health Issues in Patients & in Our Workforce







**“I feel so guilty for not being stronger”**

**Dr. Saleena Subaiya, Emergency Medicine  
in "They Get Brave" NYT documentary**

**”A cluster randomized controlled trial of a digital department of defense combat operational stress control intervention among frontline healthcare workers in New York City during the COVID-19 pandemic”**  
**Saleena Subaiya**



**Frontline workers in NYC showed symptoms of depression, anxiety, insomnia, and PTSD at 3x the rate of the general population**



Pre-pandemic burnout rates in medical practices was already as high as 40-50%



25% have symptoms of either PTSD, anxiety, depression, burnout, or insomnia

“

A fascinating discovery made by the DoD was that troops exposed to **more** combat were actually **less likely to develop PTSD** than counterparts who saw less combat **if they had behavioral health minded leaders** -- that is leaders that **worked alongside of them** in the trenches, and **supported a culture around mental health.**

”

Dr. Saleena Subaiya, Emergency Medicine  
in "They Get Brave" NYT documentary



# A Crisis of Mental Health Issues in Patients & in Our Workforce

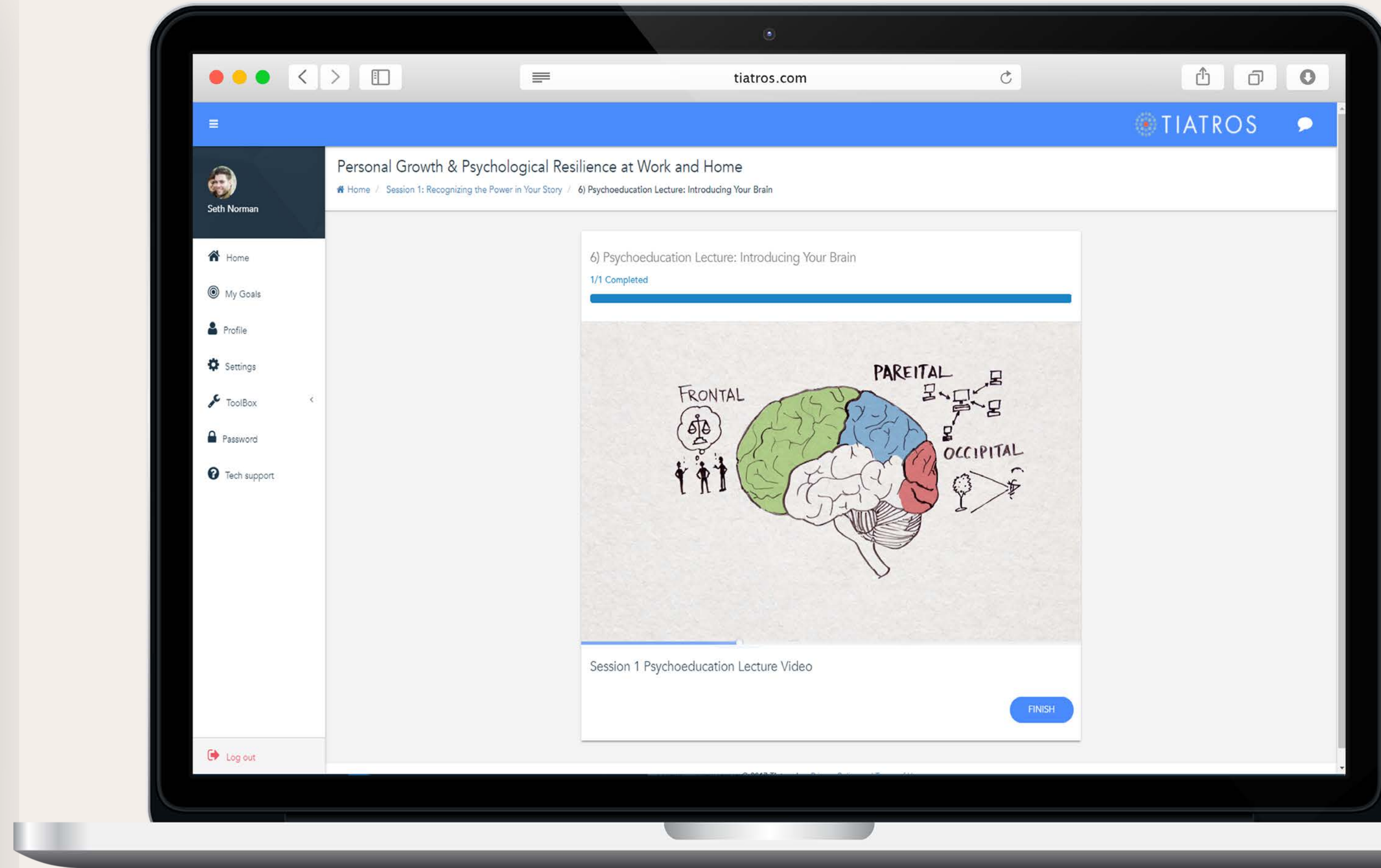


# Tools to Improve Mental Wellbeing



# CAREMINDr

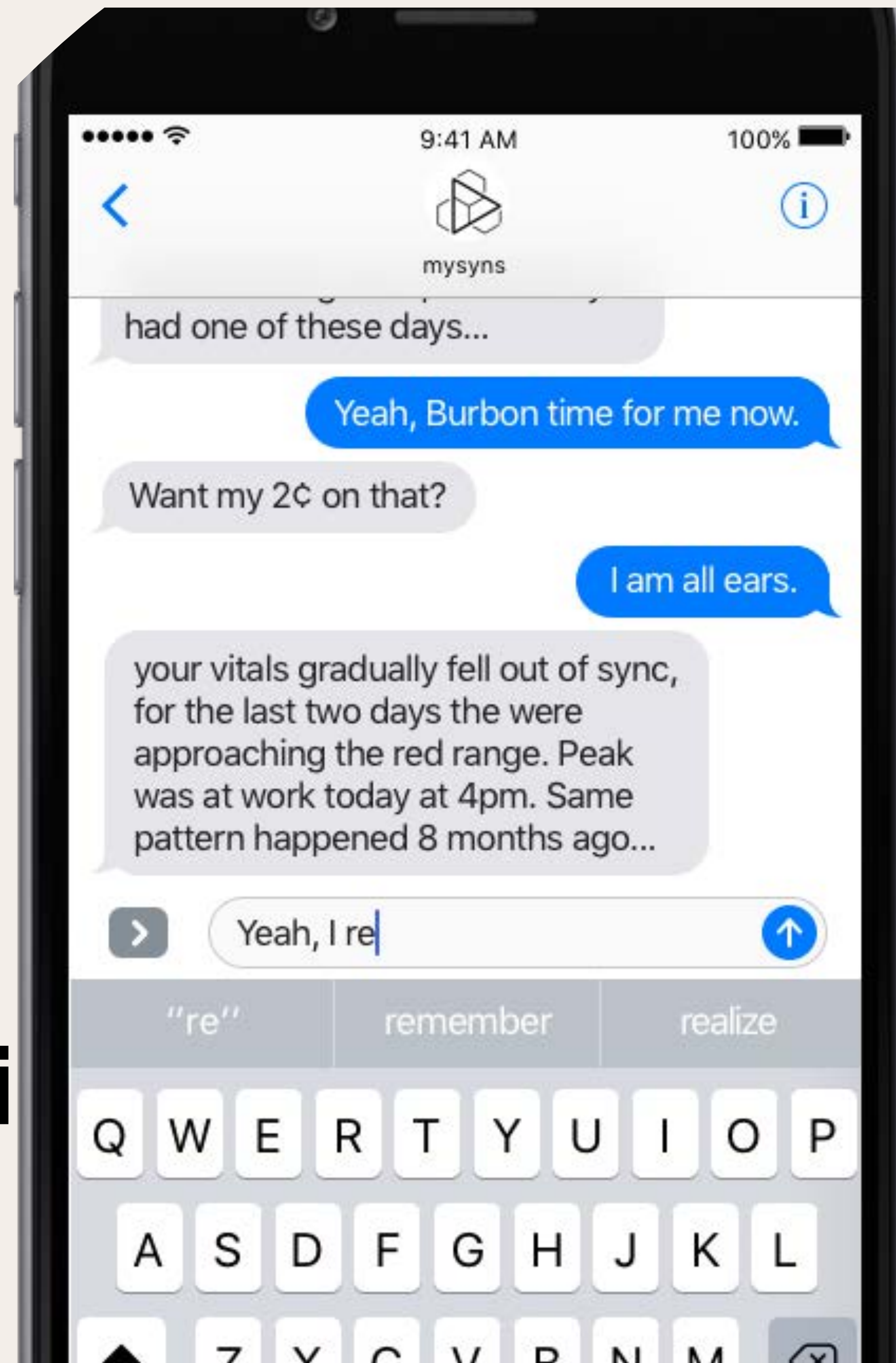
# Tiatros, Inc.





# Tempest

# Resilient.ai

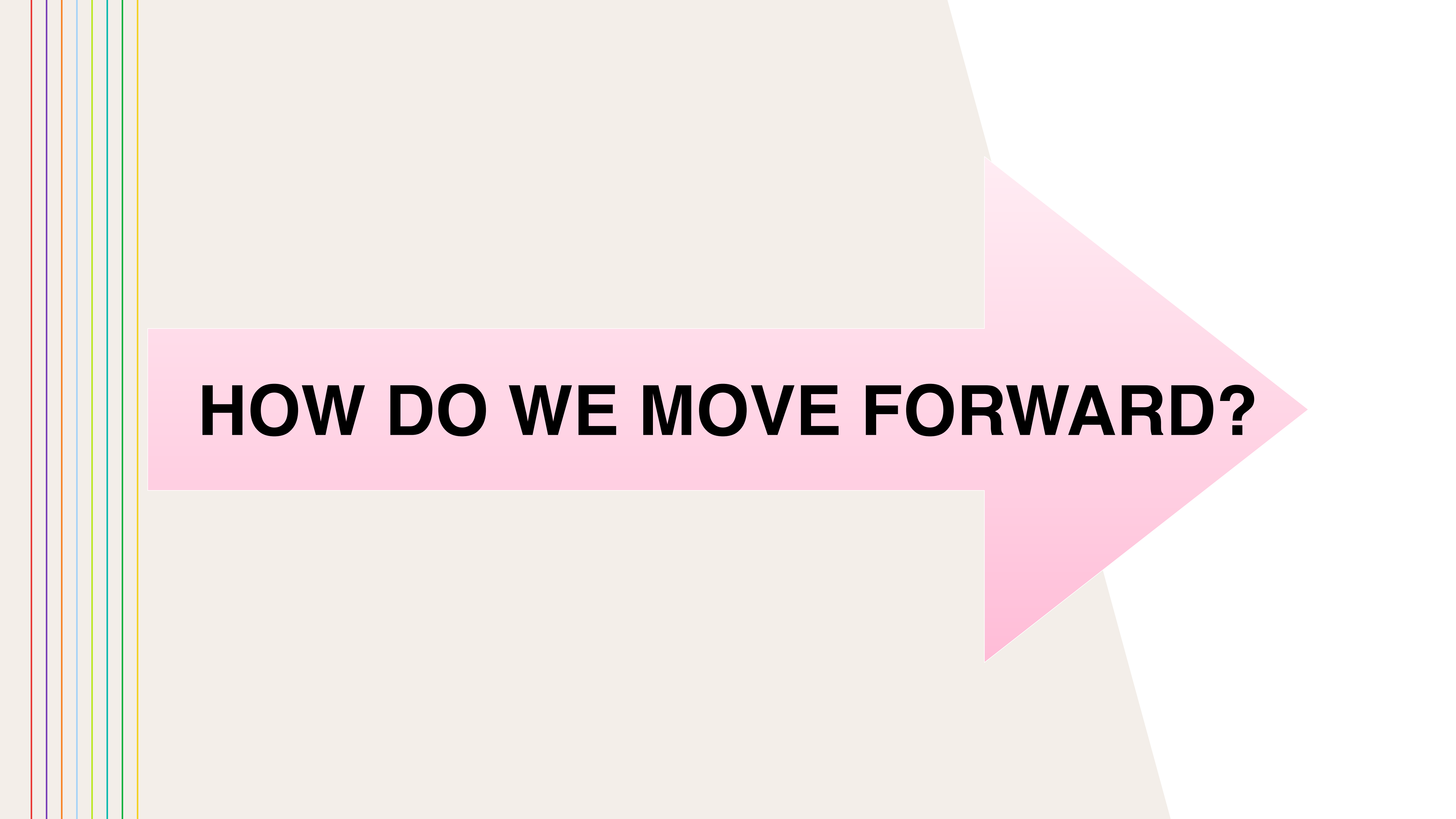




# **ACKNOWLEDGE INTERSECTIONALITY**



- 
- 1. BUILD ON WHAT'S IN PLACE**
  - 2. THINKING OUTSIDE TRADITIONAL BORDERS**
  - 3. ACKNOWLEDGE INTERSECTIONALITY**



**HOW DO WE MOVE FORWARD?**



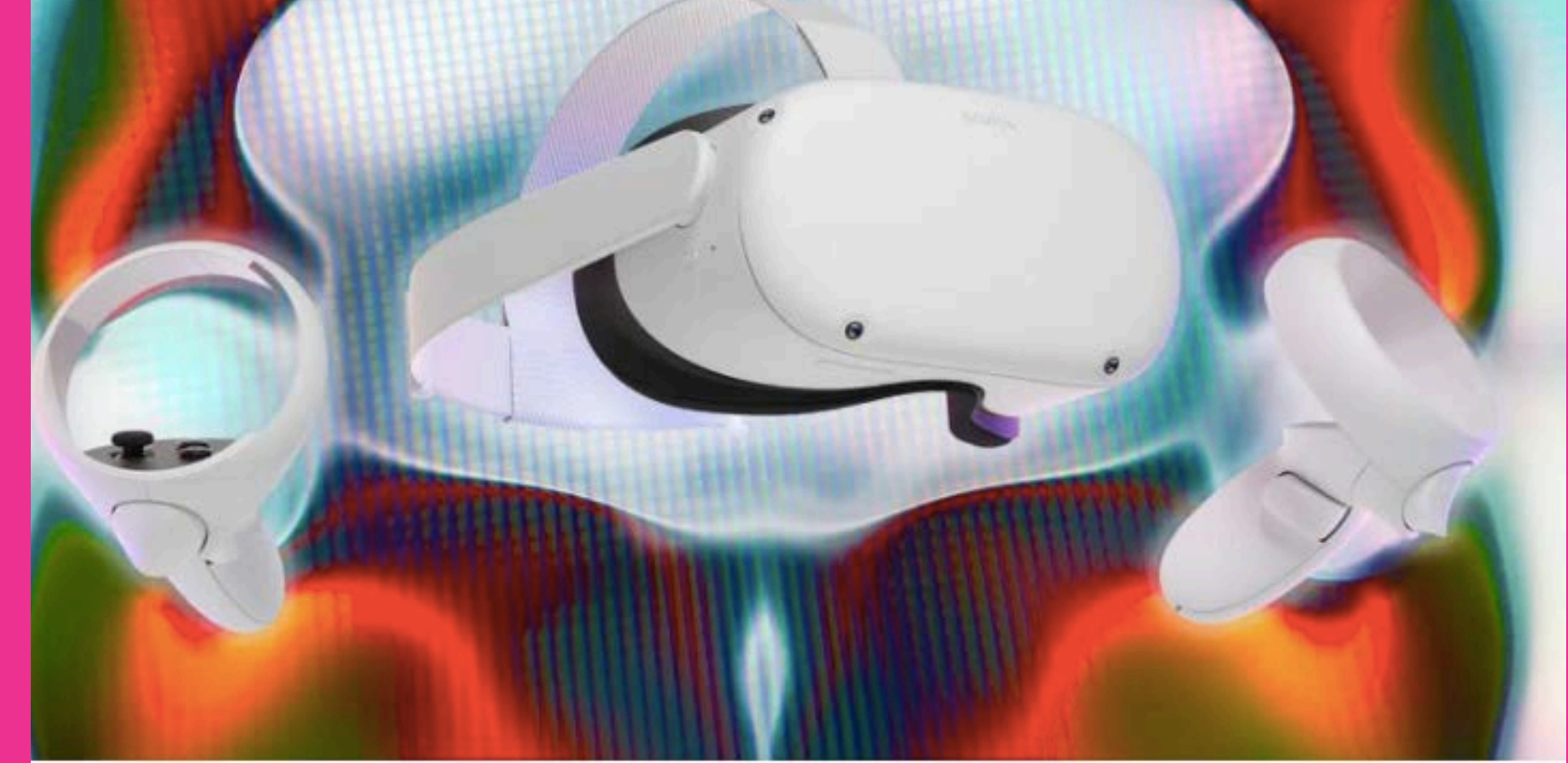
“Haven, the Amazon-backed health care company, will **shut down** next month” - CNET



“IBM’s retreat from Watson Highlights Broader **AI Struggles** in Healthcare” - WSJ



**“GameStop: What is it and why is it trending?”  
- BBC Newsbeat**



TECH

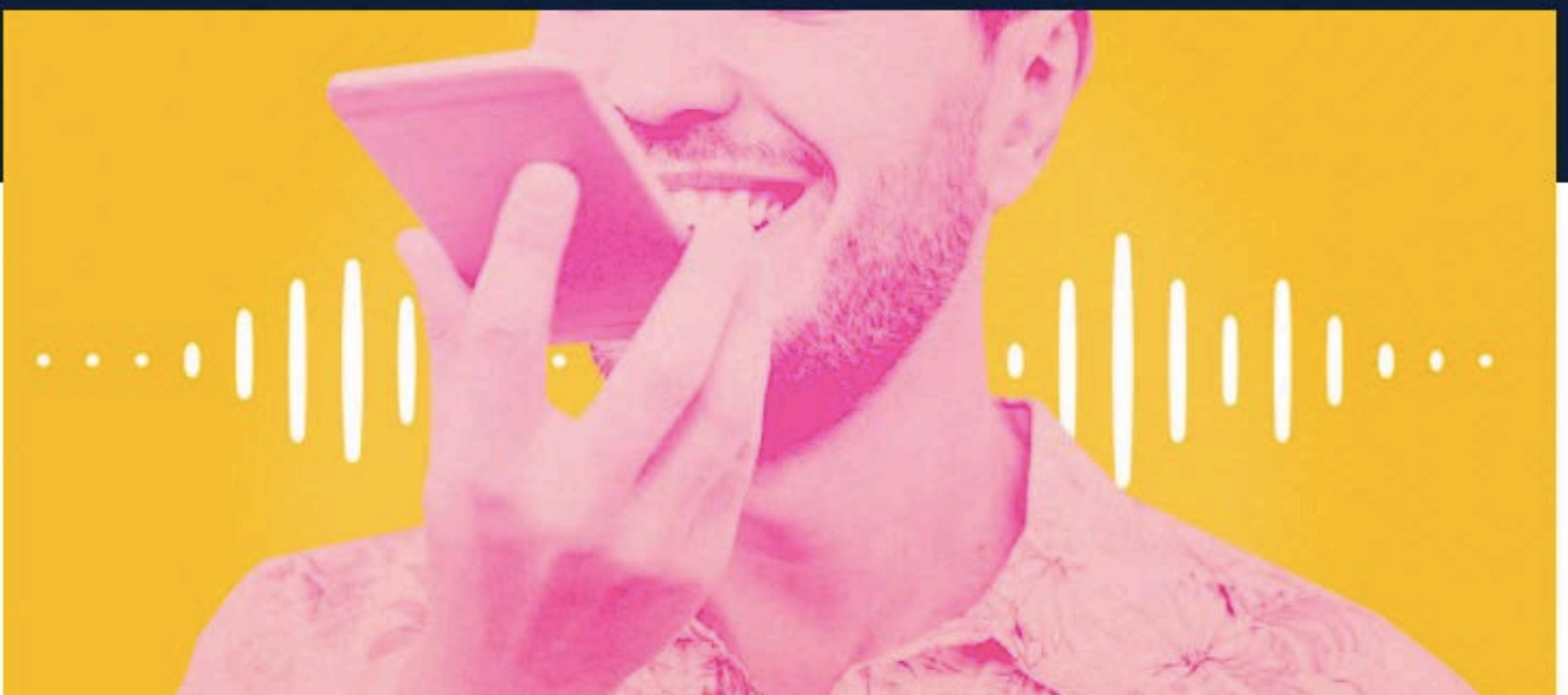
**How the Oculus Quest 2 finally made VR a mainstream hit**

**“Digital Art’ Framed And Collected On Blockchain” - Forbes**



**The meteoric rise of Clubhouse – and why Big Tech is taking notice**

Clubhouse is having a moment. Twitter and Facebook want in.



**“Is It Too Late to Invest in Bitcoin?” - Finextra**







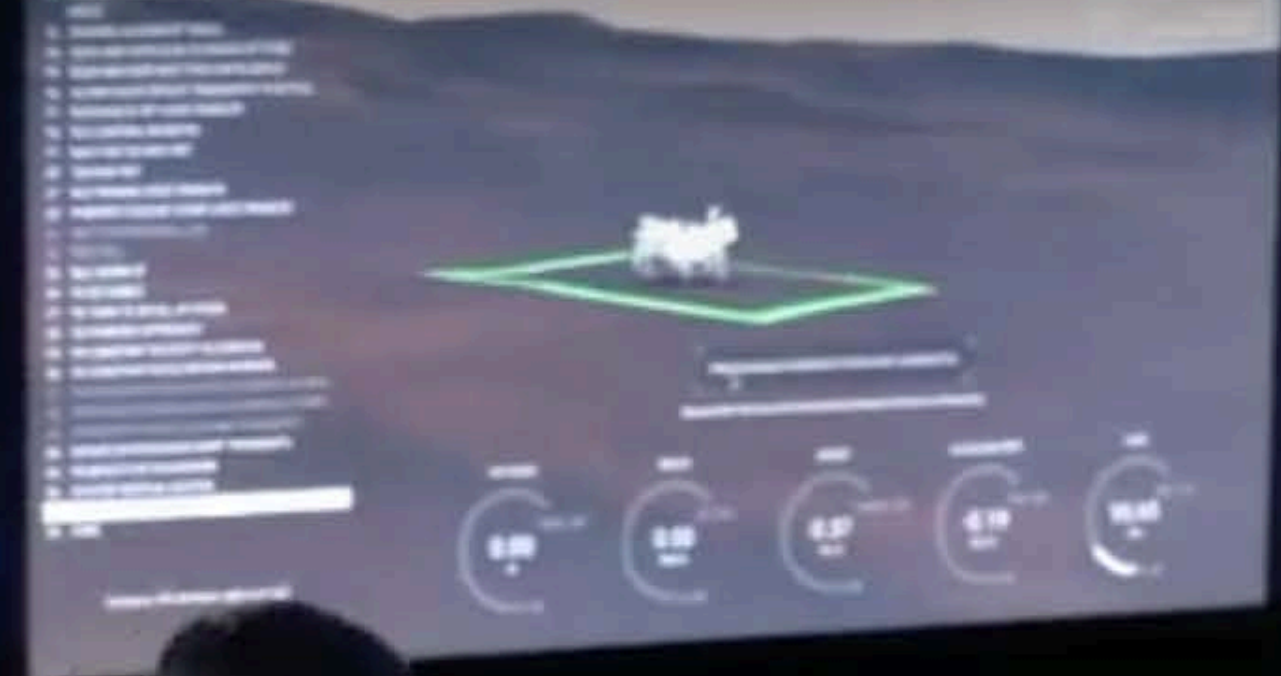








WE LANDED!

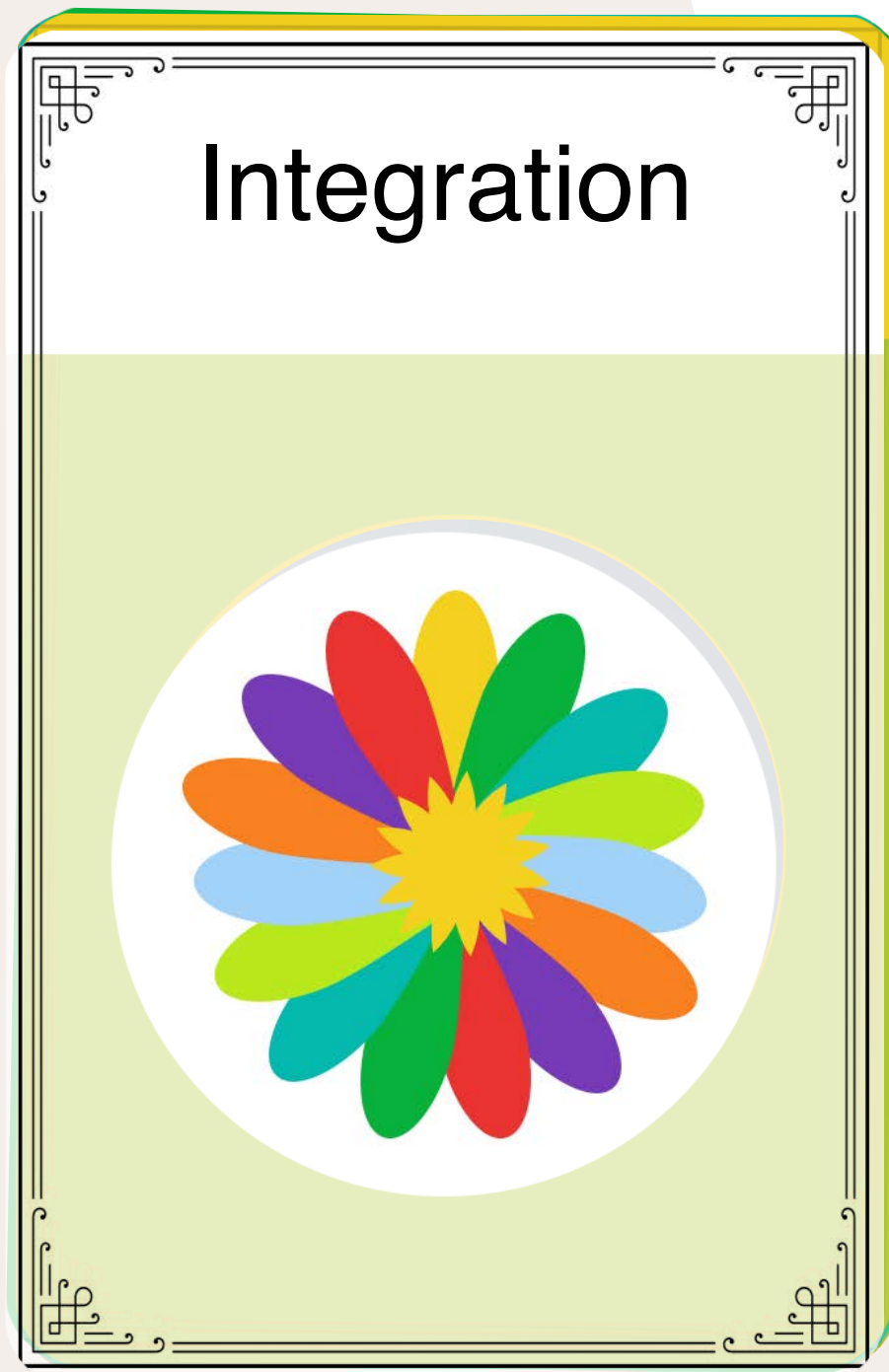


EVD

Power







# Integration





# Thank You

Indu Subaiya, MD MBA  
Co-founder and President  
Catalyst @ Health 2.0

 @bluetopaz