

News@Cisco Interview with Kaveh Safavi, vice president, Cisco Internet Business Solutions, Healthcare Consult Group (6 April 2009)

PETER SHAPLEN: Kaveh Safavi is a board-certified doctor of internal medicine and pediatrics. He's also vice president and global lead for the Cisco Internet Business Solutions Group, healthcare practice.

Doctor Safavi can speak about healthcare reform with both the medical and technological prospective, and so we welcome him and you to this ongoing series about trends and business and technology. For Cisco, I'm Peter Shaplen. Doctor Safavi it's a pleasure to speak with you.

KAVEH SAFAVI: Thank you, Peter. Glad to be here.

PETER SHAPLEN: I know you dislike the term health care czar – what's wrong with that term, what's wrong with expecting an immediate simple solution?

KAVEH SAFAVI: Albert Einstein said make things as simple as possible, but no simpler. Healthcare couldn't be a better example of that truth. What we describe as a healthcare system is really a bundle of many different things that are going on at the same time.

And what today often looks like an illogical process was actually developed because a series of very logical things occurred one after another resulting in a change that doesn't look logical. But when you try to unwind it you realize that all of these steps made sense. The other part of it is that what we often describe as a healthcare system is really a mathematical average. And the fact of the matter is that there are very few people whose individual cases are actually at the average.

You can calculate the average, but the average is comprised of huge variation. And so when we create policy that aims at the average we actually aim at no one. Have the same issue with hospitals, the average hospital, there is no average hospital.

PETER SHAPLEN: Forgive me if I seem blunt, but Cisco is not a name that immediately comes to mind in health care, so why should anyone care about what Cisco has to offer?

KAVEH SAFAVI: One of the most complicated and important parts of healthcare is the ability to connect people, participants in healthcare whether it's doctors to patients or doctors to each other or nurses. We see our role in healthcare as really addressing that issue of how do you create connections and make what appear to be very complex connections, easy to use to eliminate the inefficiencies and the complexities or the apparent complexities.

PETER SHAPLEN: Which raises the question, how do you do that? It ranges from relatively simple kinds of things like the ability to have a secure network infrastructure to run an electronic health record that nobody can hack into and steal your private material, to 'how do I combine the ability in my hospital to take a system that holds x-ray images and make it work together with a system that holds medical records?

And then if you get out to the far edge where you see some of the real advances, the ability to provide healthcare at a distance, in a remote location. And that might be through the use of things like advanced telemedicine or it might be through the telephone-based or text message-based technologies. The ability to include participation of multiple doctors, not just one doctor in one location but doctors in multiple locations on a care decision for a patient. Those are all the kinds of expertise that we have.

KAVEH SAFAVI: So why don't we start by saying you can't eliminate complexity so you have to

figure out how to manage complexity. And one of the ways you manage complexity is by thinking about what technology can do to sort it out so that you, as a user, doctor, nurse administrator can get the most out of the things that you have to use to do your work.

PETER SHAPLEN: Some of the examples you're sighting almost seem counterintuitive. They almost seem revolutionary in a way. As a patient I would almost always prefer more face time with my doctor and yet in a telemedicine I may be getting enhanced care but there's a barrier. How do hospitals start . . . physicians start to change . . . how do they educate patients to appreciate that change and accept it?

KAVEH SAFAVI: I think the problem is that we often confuse to notion of physical presence with attention and personalization. Technology actually has the ability to increase the amount of attention and personalization by not requiring physical presence as part of that calculus. The literal evidence when people try this is that patients, the substitution of more or more time, more attention, more information outweighs the fact that they may not be able to physically to shake hands with you.

One of the studies that we did on telemedicine the patient said that they felt the doctor paid more attention to them because they were seeing the, the doctor's image life-size, same height and for the 10- or 12-minute interaction. It was very different then a doctor walking around the room putting his hand on the doorknob, turning and looking at his papers, a very different experience. Perception is that's even more intimate then the one I get in the exam room.

PETER SHAPLEN: Who is doing this right, who's beginning to get it?

KAVEH SAFAVI: That's a good question. You have an innovative situation in the United States (where) Geisinger Clinic has this thing called proven care -- basically a commitment to the patient of an outcome at a predictable price. The reality of it gets complicated, but the boldness of the statement is transformative. It's a statement about who is actually in control of the agenda and the definition of value that I think is an important one. We have organizations today that are starting to ask the question, how can I use advanced technologies like telemedicine that allow me to meet both underserved but also new markets?

KAVEH SAFAVI: There are a number of brand name organizations that are using telemedicine in an experimental way -- the Mayo clinic, Cleveland clinic come to mind. All of them understand the power.

there are surprisingly a large number of institutions doing basic things like introducing technologies to lower the frustration level of their nurses or their doctors.

This is not that sexy but the fact of the matter is there are a number of institutions today that are using a combination of technology and business rules to solve that problem and are recognizing higher levels of employee satisfaction. That means lower turnover. That means a stable work force, which usually makes fewer mistakes. All the upsides have come from that.

PETER SHAPLEN: You're speaking about a change, which is affecting both the delivery of healthcare and those who receive that healthcare. But you're not speaking to patients -- you're speaking to the providers. How do you know when those who are speaking with really are about to step up as leaders?

KAVEH SAFAVI: There's one question that I ask the answer to and generally speaking that answer tells me a lot about what to expect. And that is, who is your customer, or more importantly what does it mean when I say that the patient is always number one? The reason I say that is that if you fundamentally believe that the persons whose interest needs to be served first is your patient's interest, that their interests go ahead of my interests. Then you think about how you do things in a very different way. What you'd be surprised to find out is that a hospital

administrator might say the doctors. A drug company might say the doctors because they see them as the prescriber.

PETER SHAPLEN: It's their customer.

KAVEH SAFAVI: It's their customer. So the answer to the question 'who is your customer' tells us where in this continuum they fall. Because everything I describe to you largely empowers patients and it can be empowering to physicians but it can equally be threatening to physician power. If they say the physician then they're going to have a real hard time because anything that might threaten the physicians power is going to be something that they're going to not be sure about.

PETER SHAPLEN: Will healthcare change as you see it be evolutionary, revolutionary or what?

KAVEH SAFAVI: It's more evolutionary than revolutionary because it's comprised of many parts. And while individual activities or transactions or events will have a revolutionary nature, when taken in whole it will appear to the outside to be much more evolutionary. If we just focus on one part of healthcare you can easily say that, for example, the ability to see a patient at a distance in addition to the ability to hear and to share information has a revolutionary component to it. But as you layer it into the way healthcare is practiced it will become incremental. And it will slowly transform how healthcare is practiced. So maybe the answer is a little of both.

PETER SHAPLEN: Doctor Kaveh Safavi is a board-certified doctor of internal medicine and pediatrics as well as the vice president and global lead for the Cisco Internet Business Solutions Group Healthcare Practices. It was a pleasure speaking with you.

KAVEH SAFAVI: Thank you my pleasure.

PETER SHAPLEN: An archive of this and other podcasts is available at newsroom.cisco.com. Thanks for listening. For Cisco, I'm Peter Shaplen.