Your Heart Health: Telemedicine & Wearables' Impact Transcript

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Introduction and Speaker Background

Well, everybody, welcome back. Reversing Heart Disease Naturally Summit 2.0. And this is a new phase. We did not have the honor of having this great doctor, a cardiologist, Dr. Dr. Jeff Wessler, last year, but we nabbed him this year.

He's a busy guy. Jeff is founder and CEO of Heartbeat Health. And I went fast. It's Jeff Wessler, W E S S L E R. It's a virtual cardiology company. He is a cardiologist at Northwell Health, a very big system through New York, Long Island and the rest.

He graduated the prestigious Williams College, got a master's of philosophy at Cambridge. He's no lightweight. He went to school we used to be proud of called Harvard to get his medical degree.

We were just chatting about that a moment ago and he completed a cardiology fellowship at Presbyterian Columbia in New York. Chief resident. And he is now in New York.

He's a cardiologist. He's a father. He's an innovator. He's a fundraiser because he's out there in venture capital. He's a squash player, all kinds of things.

Thank you, Jeff, for joining us. Thank you, Joel. Nice to be here. Thank you. And we have a variety of people we're interviewing and presenting on nutrition and heart disease and reversing with a plant based approach predominantly and technology like geography and calcium scoring and got people that are experts in diabetes and people, experts and fitness and people are experts in stress management.

I mean, all the real pillars of cardiovascular health, but a lot of it is getting people to somebody that knows what they're doing. You're the expert of connecting because not everybody knows where to go.

Not everybody knows a cardiologist. Not everybody wants to park and wait in a waiting room and deal with all of that and find out, you know, their appointment got canceled and how the realities of day to day office life.

Heartbeat Health and Virtual Cardiology

So where along the way did you become so focused and then actually start up a company on what we usually call telemedicine or telehealth or digital health?

Where did that happen? Yeah, so I think the right place to start here is back in 2017, this was a few years pre-COVID. And I, like many other cardiologists that were starting to get this itch, that there was a different way to do early preventive care for cardiovascular disease took I took sort of this fundamental view that access and connectivity to the right care was one of these capital be big problems to solve the first we've at heart beat my company we've taken lots of different twists and turns to get there.

But each step of the way, our our big answer was, let's get let's make it easier for patients and people who are at risk for heart disease to get to the care that's needed to both diagnose and then manage that early heart disease.

And so in the early days, that was it, a more modern cardiology practice. But now since COVID and for the last three years, that has squarely been a virtual cardiology practice that uses telemedicine to that docs and cardiologists connect with patients to actually give them that care wherever they are from their home without having to necessarily schedule and come in until that's necessary.

Okay, excellent. You are currently it's a real company. You have real doctors. There are people listening to this discussion that are interested in connecting with a cardiologist.

I'd like to see everybody in America, but I can do it no matter how much. So let me ask you, first of all, there are physicians, how many cardiologists right now and I'm sure it's growing but are involved with heartbeat health.

Yeah, we've got now about 100 cardiologists from across the country. I should make the note. We are not a direct patient practice. So we made the choice a few years ago to work through health plans and provider groups that were taking risk, which means predominantly the Medicare Advantage and Medicare space.

So we're not a practice that if you're a patient interested in signing up, that unless you do in a few area, a few regions across the US, you can do that.

Yes, but that's a big area that we're thinking about in planning to move into in the next few years. All right. So so be driven more by an ACO and as it's called, and a health plan like the ones you mentioned, you've contracted with these bigger.

That's right. That's organization. That's exactly right. Yeah. And is there a focus again where a Reversing Heart Disease Naturally Summit is there a focus on early and preventive care?

And what are some of those conditions? You know, our highest priority. Yeah, big time for us. So we've taken a fairly targeted approach to so-called early preventive cardiology, reversing heart disease.

And I'll talk briefly about three conditions that we've we've seen work really well for this. The first is arrhythmias. So most people at this point have heard of something called Atrial fibrillation or Afib, which is the most common arrhythmia.

Early Preventive Care for AFib and Heart Failure

And it turns out we now have amazing tools to detect that early and people who are at risk for it, everything from watches that you're wearing to a patch that you can put on for a couple of weeks.

And we're gathering a lot of data now that shows that if you actually find AFib early, then you can initiate the right therapy to get it under control and hopefully prevent those downstream.

You know, very devastating events like strokes and heart failure and, you know, significant cardiac issues. So that's, number one, Atrial fibrillation arrhythmias.

The second is in structural heart disease and more commonly talked about is heart failure. And we work well, we run what's called a stage B heart failure program, which is same exact pathway we find.

We take people who are at risk for heart failure through a diagnostic test to see if they actually have structural heart disease. That's called an echocardiogram.

And then if they do get them on guideline directed medical therapy, that actually prevents the progression of that disease, which in the case of heart failure can also be quite devastating for 10, 20 years for someone's life when they have it so early prevention or early therapy matters a lot.

What are those groups that qualify for inquiring if they have structural heart disease? Weak hearts in our charts. Flappy valves for people listening. Yeah.

What gives what gives your panel of cardiologists a clue, if you know, just a couple examples. Yeah, good question. So it tracks with your common risk factors like high blood pressure, high cholesterol, metabolic syndrome, obesity, family history.

But then importantly, there's another test, a blood test that can be done in between that echo and it's called the BNP. And that is an early sign of a, you know, a stretched out or a weak heart and a combination of those risk factors plus that blood test qualifies you to get an echocardiogram.

Okay. And this is happening with a video interaction between a cardiologist and a patient who's in one of these insurance programs. Yeah. So everything it starts with an analysis of your data either via the the medical records and the notes that you've had in the past or lab tests that you've had.

Then you get a proactive outreach that says you might qualify for this program. Then you get on a video call with a cardiologist who walks through what is going on, what the options are, why this might be relevant for you.

And then if you qualify, yes, you get an echocardiogram. The results are read and discussed via video call, and then the treatment has started being televised too.

So it's in many ways a perfect condition. The early management of heart failure that you can stay out of the so called terrestrial cardiologists office for a lot longer if you get things diagnosed and started early.

Okay. Now, you know, you know that I've been involved and done lots and lots of telemedicine, cardiology consults and many states. And you and your team have done many, many.

But there's always a skeptic. Can I do want to get back to Afib heart failure and keep on going with the high profile cardiovascular conditions you and our health are focusing on.

But people, you know, criticized but you know, you're not sitting face to face. And what do you do with blood pressure measurements? And there is no stethoscope.

So how do you address that? The skeptic that says this is really cheapening the relationship or maybe it's inaccurate or something like that? Yeah. So three things to say about that.

And you're right, this is the the skeptic is right to be skeptical because challenging new care models is important to make sure we get them right. So my my three points are, number one, that the tools have improved a lot.

So we can reliably check blood pressure from home. We can reliably get a rhythm strep from home. We can reliably see and hear a patient and vice versa.

The patient can hear and see a clinician now using the right video technologies and we can transmit data. And that has gone a long way to ensure that this is not a, you know, a an anonymous to anonymous note, can't see or hear what's going on interaction.

The second is that experience matters a lot. So one of the things we have found is that our best cardiologists are those who have been in practice for decades.

Addressing Skepticism About Telemedicine

This is where I think I wrongly went out with the hypothesis seven years ago that our our clinical team would be staffed by these fresh out of fellowship and cardiologists who were app users and very proficient with the technology.

And in fact, the opposite was true. Our best clinicians were those who've been in practice for 30, 40 years, and now we're have this love of cardiology and the massive experience at managing patients.

And that translates to be able to quickly develop a relationship with a patient, understand their needs and goals, and determine whether they are sick or not sick and how to ask the right questions.

And of all the care relationship. And then the third thing very briefly, is that physical care and traditional terrestrial care will always be very important and is always going to be here.

So we don't discount that at all. And often we will say, you know what, you really do need to get in to see a cardiologist in person for a physical exam for, you know, some specialized tests.

And that's never going away. And if nothing more, we provide this valuable before that so that the people we do end up preferring in for physical cardiology care are those who really need it the most.

And that's important for a system that is overburdened and understaffed for cardiology. Okay. And again, I did it sort of derail you and I didn't mean to do it.

We mentioned that atrial fibrillation is a good clinical setup to potentially use heartbeat, health and virtual cardiology. Then we got to people suspected to have risk of congestive heart failure and applying echocardiogram and BNP and anything else on the list you'd want to say that you were moving.

Into the third one? I would just mention briefly, is coronary heart disease. So coronary disease, the precursor to heart attacks is has so many exciting early diagnostics and early therapeutics in the pipeline that it is.

I think most everybody would agree that will be the the largest area of preventive cardiology over the next decade. This includes everything from the cardiometabolic side of the field with all of the new diabetic drugs that are proven to have just amazing cardiovascular outcomes to some of the new diets that are really transforming the way we think of early cardiovascular management.

And then on the diagnostic side, things like CTAs or these advanced CAT scans that have AI algorithms on top of them that can actually examine directly for a coronary disease decades before we would have otherwise.

And then not to mention lab tests, new lab tests that an advance of lipid panels like a protein, a and a puppy that are fundamental for how we understand coroner the early precursors to coronary disease in a new way then than we've ever done in the past.

So that's a that's an emerging program for us and one that I think will be growing rapidly over the next few years. All right. And is you know, I know some people in your space, you know, look for self-insured companies because they're taking, you know, some or all of the risk.

But is that who you identify or. It's actually traditional insurance companies themselves and both. Yeah, it's a good question. So we have we have stayed away from self-insured, which tend to map toward employers, the employer space.

The that's a been a business decision of heartbeat, which is to say that we decided to start with the group that had the highest prevalence and highest need for cardiovascular disease, and that was the Medicare Advantage space.

The commercial space, which is most of your self-insured employers, are have are, you know, still have high need, but a much lower need comparatively.

That age skews lower. And the the general co-morbidities skew a lot lower. So we see that as stage two, along with, you know, a direct to patient model over the next few years.

Interesting. And is there any advantage like, for example, I know you've published a very interesting randomized clinical study of people discharged from the hospital with a cardiovascular diagnosis and being assigned to virtual cardiology.

Coronary Disease Prevention and Licensing

Follow up and assessing the impact that has on getting readmitted to the hospital, which is not what we want. You know, we're trying to reduce readmissions for the right reason because people are healthier.

Is there some quicker assignment of a patient after discharge to a virtual cardiologist as opposed to an office? There's some reason that's more efficient and speedy.

Yeah, good question. So the answer is yes. And the main reason is that if you took the next thousand patients that

were hospitalized for heart failure, for example, and then tried to get them there, outpaced their normal outpatient cardiology appointment, half of them wouldn't get that appointment within a week.

Some of them wouldn't get it within two weeks and some would be months out. So it's a simple access issue that there are not enough cardiologists to see those patients.

When you put on top of that, a a virtual care model that says we can staff that with a cardiologist in a different state or, you know, oh, so doing something, working in an area that can take a visit now and again, then all of a sudden you open up the access and we can get people appointments.

Next day. And that alone makes a huge difference to the outcomes over the next three months after you've been released from the hospital and whether you're likely to come back or not.

And maybe listeners don't know officially, you know, you're supposed to be licensed in the state. You're caring for a patient. Of course, I'm practicing in Michigan.

I need to be licensed in Michigan. And people started calling all over the United States years ago. And you're having that same situation with Heartbeat Health.

I i typical cardiologists working for you. How many it is possible to get licensed and there are a few people licensed in 50 states that's a really hard job.

But what's a typical number two states? You're number one. You cover all 50 states with heart health or not yet we do. We cover all 50 states. We have a handful of super licensed people like myself.

I think I have 48 states right now. But the majority of our clinicians and our cardiologists have we have a regional strategy where they'll have five states in a cluster and another group will have another five states.

And that allows us to be a little bit more efficient about how we do this licensing process, which is administratively tough if you don't have a strategy around it.

Where I agree, it is tough, it's expensive. There's a lot of paperwork and you got to do it all over again. When it comes time to reapply. So. Well, I'll tell you what, this has been fascinating.

I want to go a little deeper with you on a couple more topics. But we want to say to our general audience, you've now heard from a cardiologist, Dr. Jeff Lesser, who's really leading the field, the United States in telemedicine for cardiology care, working with insurance companies.

You heard I happen to be a rather experienced cardiologist in a telemedicine space, doing it a little bit different because all different models are going to come up.

But they do afford, you know, just a tremendous opportunity to get the right patient with the right doctor, even if they're not in the right city as long as there is the licensing and the proper, you know, precaution and insurance requirements and the rest.

So And at this point, just this is your 100% activity in cardiology. I mean, you don't have a separate practice in Long Island or the city of Manhattan.

That's right. I'm on the faculty at Northwell Health to where I keep my cardiology my inpatient cardiology skills up with that nice, good, really good group there that we have.

But I've dropped my private practice in New York in favor of heart beats activities. Gotcha. Excellent. And that's great. I just want to explore for a few minutes.

We've not chatted with anybody at this Reversing Heart Disease Summit about wearables and technology. We

talked a little bit about it last year with somebody I interviewed.

But you know what have you. You know, what are your favorites? What do you use? What do you think is the most exciting in the future? And and for those listening, that is a term wearables.

You know.

Wearables and Sleep Monitoring

Woops, and Fitbits and Garmin's and or rings and Zeo patches and ideas. And some of you don't know what all those are, but let's have the question. Tell us what he's using in heart beat health.

Yeah. So I think let me start just with a very brief overview of what wearables mean. So there's really I like to think of three classes of wearables.

The first are the consumer devices without any clinical approvals or any clinical clearances. These are things like activity trackers. Woohp is a good example.

They do a nice job and people seem to really like using them, but they don't come with any clinical studies demonstrating a either a clinical correlation to any outcomes or any clinical grade data.

The second are consumer devices, meaning devices you can buy off of a website or in a in a store that do come with clinical relevance and clinical data.

And this has to do with their FDA clearances that are based on studies that usually have either a clinical outcome or a clinical correlation to a medically prescribed device.

And the best example of this are the Apple watches or Withings Watch, which is a particularly strong line, or Fitbit now has one, too. Samsung has one also.

And then the third are your clinical or clinically prescribed devices, which are also wearables, but you cannot buy over-the-counter or temporary buy at a pharmacy.

You have to get those prescribed by a doctor. And the you mentioned one, the Zeo Patch, which is a good example of an arrhythmia detection device that is probably the best in class right now for detecting arrhythmias.

But you have to get that through a prescription and it has to be sent to you. So we I should say that I've I have gone from being a real skeptic of the value of these consumer devices to now using them almost every day with our patients.

And the reason is that they are fantastic at motivate and providing a sort of self-motivation to your goals. So when I when we were recommending an exercise plan for somebody who is at risk for heart disease and really needs to change their habits around regular routine exercise or weight loss or diet, these wearables are a very nice counterpart.

They give you an objective measure that you can use. Patients will come to their visits and showing their results and watching their trends over time.

And it helps you validate what they're saying about their exercise habit habits. And then it also helps the patient know what to track week over week, rather than just, you know, a viewpoint that the doctor had said, I don't I am neither, you know, commercially affiliated with any of these groups nor have a strong preference.

I will tell you that the the Apple Watch, the Fit, the new Fitbit Watch and the Withings Watch are probably my three favorite and the ones that patients like the most.

And they have that added benefit of all having a an EKG attached to them which we seldom use clinically, but provides a lot of reassurance when a patient can actually see that EKG and send it to us and say, you know, I was feeling palpitations, so I took this.

What do you think of it? My 91 year old mother in Boca Raton is a whiz with their Apple Watch and she can catch SVTA, fast heartbeat on her Apple Watch like no other.

She doesn't need. Anything fantastic. And if she can do it, anybody can do. I mean, she's actually pretty tech savvy, but, you know, she learned nothing when she was 14 years old.

I mean, as skills required, vital kind of area. We did an interview, a really top notch sleep doctor specialist Audrey Wells, you know, and home sleep studies are certainly exploding.

Is that something you've incorporated Heartbeat Health? Do you have a favorite vendor and what are you learning clinically with that? Yeah. So we yes, we've I have personally learned a ton about sleep and how important it is to diagnose and manage sleep.

If you're going to effectively manage cardiac disease. So we will now will routinely order home sleep tests on anyone with arrhythmias or heart failure and vice versa.

We will get positive sleep apnea tests being referred for heart failure evaluation and arrhythmia evaluation. So I now think that these three conditions are really all part of a similar at the same spectrum.

And so they need to be managed together and diagnosed together. The world of sleep is a little different in that the technology is, I'd say, somewhat in its infancy compared to, for example, rhythm monitoring, the home sleep test devices are getting a lot better very quickly.

There is also there are a whole new set of rings coming out that will probably be the gold standard in the next few years and replace a lot of the the other devices.

But right now, the getting a home sleep test if you're able meaning if it's covered and you are capable of doing it is so important if you've got a coexisting cardiac disease.

Okay, good. So you are using them quite regularly.

Hybrid Practice Models and Closing Remarks

Any particular vendor brand that. Oh right. Yeah. You asked about that. So what I meant to say is also different than cardiac is that payers have their preferred vendor.

So we, we don't have any of the choice over the vendor right now. And that again will be changing as they onboard more and more vendors and more devices there.

Okay, good, good, good. So, yeah, I think we're very similar and aligned with what we're doing and you're just doing it on a much larger scale and expanding and is a typical cardiologists working with Heartbeat Health like you 100% affiliated or some of them have hybrids or they still have their foot in their previous practice and hospital practice.

You know, right now the majority are hybrids. And we have a, you know, a core group of about a dozen who who this is their majority gig. And then the the you know, 50 to 60 are really hybrids who do part time.

And then we have another few dozen who are what I would call moonlights who will read studies for us or do you know, occasional night and weekend hours.

But and they still have a full time other role. Okay, good. It's very exciting. You're a real innovator. You're creating

something that's going to change health care and is changing health care and can advance it because we got to get the right patient to the right doctor and technology has allowed that to leapfrog, you know, a waiting room.

Actually, I think one of the greatest things my patients tell me is, you know, and I have 60, 70% live patients, but 30, 40% telemedicine, those just love that.

They're never in a waiting room. Maybe they're in the video waiting room for 30 seconds until you get them in. But they're so a whole new thing. You know, it's much more efficient. They don't have to leave work.

Even I that's a little odd. We're doing medical care when people are sitting in their car on a break from work or indeed. We've we have seen quite a few bizarre television locations that entire expect.

There you go. I kind of like it. Well, heartbeathealth.com. Everybody go over there and check it out. And Dr. Jeff Wessler, thank you for your time. It's a recording this late in the day for both of us.

We both probably had a pretty full day. So thank you for taking the time and educating us. That's exciting field. Thank you. I really appreciate it. This is a fun conversation Thank you.