transcending tech

The future of AI in healthcare is more human than you think

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Hello, this is Transcending Tech, a podcast about the people behind the platforms and the stories that transcend technology.

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I'm your host, Ashleigh Vogstad.

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Today on the show, I'm thrilled to have this special guest.

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I first saw her speaking on a big stage, San Diego, and she really just had this uncanny ability to inspire the crowd with her authentic stories and stories from the healthcare industry.

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Our guest today is Dr.

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Nwando Anyaoku, and she is a physician executive, so a pediatrician and also a business executive.

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And she's a strategic advisor and also a highly regarded voice when it comes to technology and healthcare.

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And she has led at some of the largest US healthcare organizations.

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We're really fortunate to have her here on the show today.

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Nwando, welcome.

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Thank you.

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Thank you for having me.

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Yes, exciting.

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I know you have an incredibly

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busy travel schedule and were just in Nigeria recently.

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Thank you for making the time.

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Of course, of course.

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So that's actually where I want to start.

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On the show, we want to get to know you and some of the story behind the incredible and impactful work that you do today.

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I'd love to hear about growing up in Nigeria and I've heard you reference kind of wisdom of your ancestors.

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So what would you like to share about those early kind of formative years growing up in Nigeria?

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My goodness, I loved growing up in Nigeria.

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I was born, it was kind of, when I think about it, my crucible story occurred at home.

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I was born in a war, and it was kind of the first of the ethnic cleansing wars in Africa.

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We've seen many more since then.

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And my name came out of that experience.

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My name, Nwando, means the one who gives shelter.

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And so for my parents, having a baby in that

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trying situation, give them hope and give them shelter.

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And as I've gone through the years, it's been really important to me to anchor to how people think about their lives, think about what they're meant to do, their purpose.

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And as I've built my career, I've actually anchored it back to my name because I've thought about me providing a voice and a shelter for those who don't have one.

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as a physician, as a physician leader, as an advisor, I'm always thinking about how do I bring a voice to those who don't have one.

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And that's what I take from my ancestral heritage.

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Having a voice is so incredibly important.

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And I think about that in my own leadership career, not just my own voice, but I know similar to you, how do we inspire more people and more diverse groups to have a voice in a conversation?

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I mean, what advice do you give to young leaders today to kind of lean into having a voice?

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I think a lot of us young leaders think there's a certain way to be.

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You're supposed to say these things this way, you're supposed to show off this way.

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And what I always want people to realize is that your story is important.

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It's the key to who you are.

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And the room needs it.

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And the data needs it, right?

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So especially now that we're building all these large language models and things that are codifying reality,

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If you don't bring your authentic self, your voice into the room, those voices get silenced.

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They don't get coded.

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You get erased, right?

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And it doesn't enrich the.

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the environment, even those models, because having all these different perspectives makes it richer, makes it more impactful.

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And so when you come in, there's a reason why you're there.

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If you're in the room, you're supposed to be there.

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Your story is important.

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That's how you got there.

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So own it, step into it, and just live it out loud.

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I love it.

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I mean, one of our values that transcends is own the outcome.

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And I think what you said there is really important because it's about

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what is that internal voice in your head?

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And to just trust yourself that you belong in that situation and all of a sudden believing that is a precursor to belonging in that situation.

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And sometimes that's scary and uncomfortable and you might even feel that monster of an imposter syndrome.

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But I find more and more, you know, eventually that gets quieter and you really are in speaking your authentic voice.

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It has to because trying to live somebody else is exhausting.

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It's like, okay, was I supposed to do this?

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Asking yourself all those questions all the time is exhausting.

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But it also, I think as you step into yourself and you start to own yourself, you start to realize that you were actually what was needed.

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Everybody else knew it, but you didn't.

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And it's hard to sell what you don't believe.

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And so really paying attention to

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You know what?

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It's okay.

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I am here for a reason.

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And I am going to make that impact because I'm here.

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And people are going to be changed and people are going to be enriched because I'm here.

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It's powerful.

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It's a powerful pivot in your mind.

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And it changes the way you show up.

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How did it change for you going from Nigeria to the United States for the first time?

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Oh, Lord.

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Yeah, that was a process.

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I tell you these things because I live them.

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And I came from Nigeria, like I said, which is, we came up in the British system.

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So the words we use, the spellings we use were different, right?

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So I would be here in school.

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I came to go to school and I'd say, oh, I need some cutlery.

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And they'd look at me like I was, what do you mean?

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I'm like, you know, forks, knives, oh, you mean silverware?

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I'm like, well, it's not always silver.

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where's the venue?

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just random, tiny little things like that.

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And I would be asking myself, aren't I speaking English?

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It seemed, it was so challenging for me to feel like I could be, I could just say what I needed to say in the way that I heard it and the way that it processed in my head.

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But it was fun eventually, once I decided to just own it.

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I'm like, well, I'm going to say this.

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And if you don't get it, just ask me what I was trying to say.

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And it was,

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different.

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It was also different as a person of color, right?

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Because I grew up in Nigeria, everybody looked like me.

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In America, I realized that everybody didn't look like me and everybody didn't see me in the same way.

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And so people were like, oh, you're so well spoken.

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I'm like, yeah.

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They were always consistently surprised when I did things well.

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And I just couldn't wrap my head around that because I was like, well, I am pretty highly educated well before I got here.

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And so I got familiar with people having stereotypes and prejudging you.

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having, knowing nothing about you.

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Underestimating you?

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And underestimating you.

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And it was really, it took a minute.

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And so for some time, you're trying to prove them wrong.

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And then after a while, you're like, you know what, I'm just going to be and let them figure it out.

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That's what I did.

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It's quite just a vanity thing.

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But I find when people meet me for the first time, and sometimes people who have worked with me, for me, for long periods of time, I'm 5'3.

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And especially if I'm not wearing high heels, I find there's this, I could tell by the look on their face, they're expecting me to somehow be bigger or be more in some way.

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And really, they're always looking down on me.

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so I just, I know that feeling of being underestimated and in much more serious ways than height.

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I think a lot of my career people don't expect.

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I remember the first time I had a senior leadership position and everyone who reported to me was a man, but also somebody really mature in their career.

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And I sort of skip leveled to be their boss.

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And in the beginning, it was so incredibly hard to get them to hear any

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anything I had to say.

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But I like what you said about being authentic.

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I think what's authentic to me is I'm an incredibly hard worker and I will really apply myself to something and to driving outcomes, which is I think something you're very gifted at when it comes to healthcare.

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It's kind of cutting through the stuff and really getting to patient outcomes in your case.

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So from a values perspective, going from Nigeria to the US, what did you find was different in the values that you had to navigate?

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I don't know if the values are different.

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I think they were expressed differently.

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I think values of family, of community, of mutual support, I found equally strong in the US, but expressed differently.

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So where I lived,

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Community and family meant everybody was fully present with you all the time, and they were in your mind.

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They were in your actions.

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And if you got married, it wasn't just the husband and wife.

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It was the whole family that got married, right?

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Everything was actively integrated.

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And you have similar different ways of showing that commitment here.

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People are strongly committed to their families and their communities, but they serve in different ways.

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they go out, they give of themselves.

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They're not necessarily having everybody in their house, which is kind of the way we do it, right?

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And they don't necessarily in everybody's business every day, which is the way we do it, which takes some getting used to.

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But I didn't find, so when you first look on the surface, it looks like, oh, these people don't care, but they do.

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They just, they manifest it differently.

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You speak a lot about

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equality, equity, and inclusion.

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Was there a defining moment in your career or in your personal life where you kind of realized that actually systems aren't always neutral?

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One moment, I don't know.

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Over time, you learn that when you're delivering care, I kind of stay in the healthcare space.

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And I could see that certain populations had different outcomes.

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But the physicians and the nurses and the healthcare teams show up every day with the intention of doing their best for all their patients.

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So what's different, right?

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It's not like they see this patient and they're like, you, I'm not going to do my best for you.

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That's not how we operate.

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And so you realize that the differences are baked into the system.

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They're baked into who can get an appointment, who can get to their appointment, who can pick up their prescriptions, who can take the day off of work.

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That's baked into who has what kind of job, who has what sort of flexibility, who has what kind of support.

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And all of those things are outside of the healthcare system.

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It's like there's data that says that 80% of

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your health care is determined ever before you walk through the door.

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But at the door and in the health care system is where we measure those outcomes.

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80% is determined before.

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You walk through the door.

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It's determined by where you live, where you pray, how you eat, all of that impacts your health well before you see someone like me.

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And so, but it's when you see me that I see, well, your blood pressure is not normal, right?

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Your birth outcome is not normal.

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Something was suboptimal.

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It's not because of the way that I delivered care, even though there are ways that we could improve.

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But there are all those variables that you have to solve for ever before that patient gets to you.

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And so starting to think about how do we break through the noise to the essence of what each patient in front of you needs.

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Not what you think they need, but because everybody's starting from a different point.

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And so the words equity and inclusion have got all kinds of

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connotations today.

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And so I don't dwell on them.

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I dwell on the patient in front of me.

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What does Jamie need?

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Because it's different from what George needs.

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Because Jamie might have a car and have been able to get here and George doesn't.

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So what does George need?

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Really be intentional about being fully present to the life in front of you and where they're coming from and how I can optimally serve this person so that this person gets the best outcome that they can.

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And that's how I think about it.

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I stay away from the labels because people get turned around by labels.

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But when you hear the story of a person and their journey and the impact that you can make on them, I find that everybody can sign on to that.

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Everybody wants the best outcomes, right?

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They just get caught up in, well, it's this other thing or that.

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No, I don't go there.

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I focus on the person.

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I think one of the things that struck me about you, were speaking on stage in front of all of these tech leaders, and you were very inspiring in how you brought it back to not just healthcare as a system, but to the individual person sitting in front of you.

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And I think that that's a lesson and a reminder for all of us that goes far out of the patient-doctor relationship.

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But I think today we aren't as present

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with the people who are standing directly in front of us, with our families, with our friends, with our colleagues.

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And it's such an important reminder.

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It really is.

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I thank you for that feedback.

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I think that sometimes people listen and they think, that's interesting.

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That's those people, right?

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That's the health care people.

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It's not me.

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I'm not in that space.

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Even in the healthcare system, the facilities person, the nutrition, the kitchen, they're like, it's the doctors who have to deal with that.

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But everybody has a role in making the rest of humanity feel seen and acknowledged, right?

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So when I was leading the work in my health system, I had conversations with facilities people.

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I'm like, how do we make sure that all our patients feel seen?

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And they said, you know, we're in an area with a large

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indigenous American population, but our art on the walls doesn't reflect that.

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Can we change the art?

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Can we get art that reflects the people that come through here so they can see themselves on the wall?

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Now, that would have never come from me, but when that patient walks through the door and they see something on the wall that reflects them, they say, okay, in this place, I am welcome.

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And it's small, right?

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And so for me, I always think about how do you get the lens and the voice, as we talked about earlier, of everybody who is involved because they have a perspective that I would never have.

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I would never have thought of that, right?

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But...

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this person's job and they do it with great pride.

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And it was an honor for them to find a way to make patients feel welcome in the facility where they work.

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But you would have never known that if you didn't ask them.

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To make that contribution and feel connected to a greater outcome.

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You know, you're touching on there too, representation.

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And I know you and I have talked previously around representation in data and that this data is now

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filling LLMs and increasingly LLMs are guiding some of the social fabric that we live in.

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How do we get better healthcare data so that these models can be more representative?

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Well, I think it starts with knowing who's building the models and having those, first of all, being intentional about getting other voices into those rooms.

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But then having those people who are building really

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you can't back into it.

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You actually have to go into it planning to think about who else is not, who else am I not hearing from, right?

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And even when doing that, you can only go so far because you only know what and you only see what you've seen, right?

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So expanding the reach of the people who are, you know, entering data into the systems, I think is where it's going to lie.

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a few years back, there were these examples of an LLM that was talking about a surgeon and their child was in the hospital.

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And basically all the algorithm that followed it assumed that the surgeon was a man.

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And it turned out that the surgeon was his mom, right?

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But the people building it didn't have a model for a woman surgeon.

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So they just, you know, took it and ran down that way.

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And

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We know enough to see it and say, there's something wrong with that.

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But there are so many places where we won't even see it.

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That million times a minute calculation has taken this so far before you even find out that it has drifted from where you intended it to be.

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And so how are we building guardrails into this process?

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How are we checking for drift?

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How are we getting other voices into it?

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I don't know all the answers.

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I do know that if we're not intentional about it,

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changes that you saw 1% at a time can exponentially increase when you're now multiplying it a million times a minute.

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Yes, definitely.

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I mean, some of the things that I like seeing are different countries are putting together data repositories, data repositories in their own language, data repositories that reflect the diversity of their population.

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And I think that there is global concern around the fact that these LLMs are American models and even compared to a British

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even just from a language perspective.

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And I think we're starting to learn.

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We never realized that these, we never thought that these LLMs would be as powerful as they are to do so much as what they're doing.

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The vast majority of people and research scientists did not think that we would get this far with the scale LLM-based model.

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The speed.

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The speed.

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And I think part of what we're seeing in some of the newer research is showing is just how much of culture is embedded in linguistics.

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Linguistics is an incredibly

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construct.

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So thinking about other languages getting into LLMs could be 1 positive step in this direction I think for diversity.

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I think it is.

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I think it's the challenge.

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It's also the solution right because

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the LLMs are in fact so powerful that they can actually capture all these different languages.

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You just have to make sure you're pointing them in that direction.

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They can be part of the solution, right?

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Because if I had to transcribe different languages and get the nuances from different cultures and different dialects,

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I couldn't do it, one person at a time couldn't do it, but LLMs actually can.

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You just have to make sure that that's something that you're intentionally directing them to do.

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So when we're building patient solutions for Latina populations or population, you can do a direct translation from the actual language and you completely communicate something different.

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So you needed someone to actually interpret it.

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This is what I'm trying to say and this is what it sounds like.

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And the words might not be an exact match.

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That's where that linguistic variation comes in.

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And I think LLMs actually offer us an opportunity to optimize those kinds of awareness.

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We have to be intentional about pointing them in that direction.

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So I'm curious, how does someone who went through med school, became a pediatrician, make this transition into really this physician executive role?

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Well,

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I was a physician leader for many years.

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So I was a medical director, I was physician leaders in the health care system.

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And what that meant was that beyond caring for my patients one at a time, it was my responsibility to make sure that I built an infrastructure for my team for people to be able to deliver their best care for patients under my purview.

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And so that gives you a lens into systems thinking, you're no longer thinking one

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patient at a time you're actually thinking about systems.

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Before I did that, I had a public health degree, right?

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And public health also gives you a lens into population, thinking outside your walls, thinking beyond that.

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So bringing all of those pieces of me together, I thought, huh, there's got to be a way to optimize so that everybody that I have the opportunity to influence is able to deliver their best care to the patients that come to them.

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Now, my portfolio, my most recent portfolio had pediatrics, it had Medicaid, and it had health equity.

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And I often tease people that, yeah, I just needed behavioral health.

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And I would have the full spectrum of all the things that everybody swears is most important, but chronically underfunded and under-resourced.

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And so that channeled my interest to technology.

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I'm like, well, technology offers an opportunity to bring solutions at scale, to take solutions to places that people might not be able to get to or may be difficult at a lower cost than having to replace the traditional health care, which has already been challenging in those spaces.

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So that's how my interest started to grow.

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How can we do this better?

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How can we make this more accessible to children who need help, who are neurodivergent, who are rural populations?

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How are we going to do the things that we would love to do as care delivery systems but are hamstrung by financial and by access issues?

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Can technology be a solution for that?

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And so that started my journey in that space.

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And I'm like, yeah, there's got to be a way to, this is great.

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We're doing things that we could never have imagined.

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So how do we turn it to serve our patients?

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And where I love the focus on patients and that was clear in every conversation that we've had together that is.

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so sharply in your focus.

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Where are you seeing better patient outcomes with technology in the last even couple years?

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I would say that the biggest difference, speaking as a healthcare person, is making it easier for the team to deliver care.

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Now, healthcare is highly regulated and everybody's really super cautious about it.

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So we can't go ham, you know, with it like we would like to.

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But

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You know, something as simple as ambient scribes.

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We have physicians and nurses who just burnt out because we're filling out copious amounts of paper all day long, right?

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And they're like, I would really just like to spend the time with my patient.

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And patients are saying, the doctors aren't spending time with me, they're not looking at me when I'm in the office, they're writing, they're doing all of that.

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A simple solution, like an ambient scribe, means that I can be fully present in this visit with my patient.

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and know that I don't have to, one finger type over here, but I can actually hear what she's saying and all of it is documented.

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It makes such a big difference.

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So all of a sudden, physicians who couldn't go home and have dinner with their families can actually go home at the end of the day and have energy rejuvenated the next day to come and give their best, right?

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And I would imagine that people go into the profession of being a doctor because they're passionate about spending time with patients.

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So when you're talking about

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So this is a recording device that's in the room and then it's transcribing notes into a digital file.

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Yeah.

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Okay.

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And I know I live in a small town of I think 12,000 people.

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And so we do have a medical center.

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But I went to see my doctor there the other day and definitely we don't have that.

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You will.

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But are you seeing pretty broad, I'm also Canadian and you're in the United States, but are you seeing more broad adoption?

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Yes, absolutely.

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I would say that a lot of large health systems are beginning to pick that up.

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It seems over the years, just the burden of administrative work for clinicians in the United States has gone exponentially.

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And a couple of things have happened out of that.

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One is what we talked about where the patients don't feel like you're fully present with them.

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The other is that a lot of physicians have gone out of private practice, and then about 70% of physicians now are employed.

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Because just the administrative burden has been just so, it's like if I'm doctor with my little doctor bag like we used to be, and I'll just fill out my papers and submit it, that was easy.

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Now I gotta do all of this for seeing five patients.

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I'd rather be part of a system, be employed, and let them deal with that, right?

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So what that means is that a lot of people are no longer in private practice, right?

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It might be changing a little bit.

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Oh, I had no idea about that trend.

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That's so interesting.

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And like to give some color for the audience, a lot will come from technology backgrounds.

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But what is all this paperwork?

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Is insurance paperwork?

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Like what is it?

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Oh my goodness.

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It's insurance.

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It's getting a pre-approval and you prescribe a medication and then you have to prove that your patient needs the medication.

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and then they need 500 pieces of paper to say that they could go back to work and another 700 pieces of paper for their kid.

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And you're just like constantly just filling paper out.

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Meanwhile, you've got this entire digital system, which is part of what I think, you know, I lived in the time where we transitioned from paper to electronic health records.

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And what we did, which was a mistake, was basically take the paper and put it into the machine.

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And we're like, make the machine do exactly what we did on paper, which is a huge loss.

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It took us many years to figure out, well, because we have this machine, there are different things we can do now.

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And so as the LLM and AI models are coming out, I'm like, let's not make that same mistake again.

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Let's be intentional about thinking about what we can do so much better because we now have this technology.

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That is so important.

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And people, you know, I struggle with this too.

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So there's this Canadian philosopher, Marshall McLuhan, in 1964, he famously states, the medium is the message.

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The medium is the message.

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So it's saying that it's the medium, regardless of what the content is, that really impacts human perception and just kind of how we process information and see the world.

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And even in my own business today, so I have a small business and I want to live what I preach around technology and innovation.

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And so we all know the first step is getting your data into one place.

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So we've ripped out a lot of our systems and are putting in a

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ERP system.

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And what I'm realizing for the first time is that working out of an ERP is not the same thing as working out of spreadsheets.

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They're 2 different mediums.

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And obsessing over getting an exact replication of what we had in our lovely spreadsheets that we do adore and have been running the company, but into this different format is just we're losing so much of what we could gain.

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But it's a different way of thinking about it.

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It really is.

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And that's part of why the administrative button got so great, because you were trying to reproduce all this stuff, right?

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But if you sat back and you looked at it, you're like, what problem am I trying to solve?

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All this information is digitally available here.

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Why do I then have to write it manually here?

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But that's because we didn't build it intentionally that way.

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So we ended up having to retrofit our way back into what we should have been intentional about building.

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And so for a doctor, that's not what I went to medical school to do.

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I spent copious amount of hours learning about the human body, about human behavior and all of that.

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None of it had to do with writing out longhand forms forever and ever, right?

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So that just became exhausting.

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And if you want to get paid, you have to fill out this number of forms.

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You have to send it to these people.

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You got to, you know, get document this.

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And, you know, so it's just become intensely

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And that's why, something as simple as having someone, having a device that's just transcribing it.

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So I don't have to do all that writing.

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I don't have to do all that typing.

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I can actually have a conversation and really listen to my patient, which is why I went into this field in the 1st place, right?

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Makes such a difference.

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Where are you seeing a gap of where we were hoping technology to be, but it's just not quite there yet?

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I think the word hoping is doing a lot of work because some people are hoping and some people are afraid of what technology can do, right?

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So people are saying, you can get a diagnosis, like let me just take radiology for instance.

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LLM, for instance, can pick out an abnormal finding on a CT scan months before a human eye can see it.

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Well, so some people are like, does that mean it's going to replace us or should we get it earlier, right.

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To replace the radiologist.

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To replace the radiologist.

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So the hope and the fear are working hand in hand as we're trying to navigate this because

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people are not sure what could possibly happen.

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To your point, nobody imagined that it would move at the speed at which it has moved, right?

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So you build a construct for deploying technology and six months later it's obsolete because it's completely moved from there, right?

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And you're like, now what do I do?

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Because I've built all this structure around that old model and here's a new model.

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So you struggle with

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OK, how do I shut down all of this and move to the next one?

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And how do you know that next one is going to be around any longer than that?

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That's the dance that we're in.

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But that's always the dance of transition.

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For any of us who lived through the Palm Pilot, Blackberry, and all of that before we arrived at the phones we have now, it kept shifting.

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And you're like, no, I like this one.

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Well, you could like it, but nobody's using that anymore.

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And it takes a while before any new innovation settles, and we all accept that, OK, this is where we are going

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forward.

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And I think that's where we are in that messy middle in healthcare, which is interesting and scary.

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Yeah, I mean it's a lot of change and I think that applying innovation in healthcare where people's lives and quality of life matters

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it couldn't be a more important application.

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There's also barriers that you touched on in terms of regulation when we're working with data.

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What are you seeing kind of evolving in that space?

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Is it increasing regulation?

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Is it kind of starting to taper off or what's the right balance there?

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I think that is the question.

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Nobody knows the right balance.

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There have been like regulations around interoperability.

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I can never say that word.

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No, that's hard.

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And they're like, oh, it's going to go live.

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And then

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OK, hold on, it will move next year and then maybe next year, right?

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It keeps shifting because folks aren't quite sure how much to regulate, right?

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They know it's a space that's sensitive and we have to.

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get it right.

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But you also don't want to stifle innovation.

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So that's the balance that from legislation to government to health systems, everybody's trying to strike that right balance so that you don't let this monster out that you can't bring back in.

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Yes, absolutely.

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But there's so many possibilities.

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I was having a conversation a couple days ago with someone talking about technology helping in aging.

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We all talk about this silver tsunami that's coming, right?

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People are aging, the population is not enough to take care of them, and their needs are increasing.

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What can technology do to help that?

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And so one example that I heard, which I had never heard before, I'm a pediatrician, so I don't deal with grownups that much.

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But he was talking about screening for dementia, early onset dementia.

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Because when you think about, I had family members who've gone through this.

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how difficult it is to make that diagnosis.

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And that person is scared because they're recognizing that they no longer remember the way they did.

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They're not comfortable with what it's looking like, but they don't, they're afraid to have the question asked and answered.

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And what this person I was talking to was saying that there was a technology that could potentially offer an AI agent or something that they could talk to and have that assess, and I was like, huh, that's,

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That's powerful, right?

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I think about in my practice, let me go back to my kids, that's my space.

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I think about when I moved from the East Coast to the West Coast.

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And I had had years of patients, so my patients were grown up, but when I moved to the West Coast, I started having babies again, 'cause that's how you grow a pediatric practice.

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And they would come, the parents would come back to me the following week and the next week, and I would be like, well,

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they don't really need me, right?

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Every Monday morning, I would have photos of all kinds of colors of poop in my e-mail because they're like, why the poop was yellow and now it's brown, why is it green?

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Literally every Monday.

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And I would be like, I get it.

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And I'm happy to answer their questions.

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But now with distance and thinking about systems, I'm like, they don't really need me.

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They need an experienced mom.

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You're Canadian, so when you have a baby in Canada, you actually have a nurse that comes and visits you for several months.

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We don't have that in the US.

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In Nigeria, where I grew up, when you have a baby, your mom or older female relative comes to stay with you.

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So you have some support.

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But what is uniquely different here is that people are often very isolated.

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And so I started thinking, well, why couldn't I build a digital platform to support parents of newborns?

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Right, so that they could dial in and ask their questions they don't need to show up at my hospital with that expense or even worse in the emergency room with that expense to ask a question that they could have asked virtually they could have had an AI-powered FAQ.

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could answer their questions at least up to a point.

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Before then, they'd had to come to me.

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There are so many ways that I thought about how could we build this structure so that I can support parents of newborns.

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And that's the kind of thing I think.

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That technology can help us do.

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That definitely is.

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I think about a lot how products have historically been created one to the masses, one to many, and then we get into these kind of a lot of personalization, customization, these buzzwords coming out.

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There's a lot of buzz always around personalized healthcare as well, but...

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Finally, with technology, at least theoretically, and it is happening in some very narrow cases, is actually being able to develop stuff one-to-one.

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In your example, where a mom could upload a picture of their newborn's poop and get feedback on that or get an auto classification from that information, I think we're starting to see products and solutions go to micro communities.

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Being an optimist and also coming from just a marketing background, I think it would be beautiful if the technology also facilitated just human community and connections outside of the technology.

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Absolutely.

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I think, especially in this population, I'm talking about parents of newborns need to talk to other parents of newborns, right?

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So can this platform actually be a social network where people can share information and be like, oh yeah, don't worry, that happened to me too, or just have to tell

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The struggle is just knowing that you're not crazy and you're not a bad mom because your baby's still crying.

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Just having that community is so important.

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How can technology facilitate that?

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And I think it can.

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We just have to be intentional about it.

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And so, yeah, so that's my current dream project.

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I love it.

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And I love that you're framing it.

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in a way that is about people who don't have access.

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Like I think sometimes about technology applications, there's really sensitive areas like for example, teenage suicide.

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And you have a lot of young kids are using LLMs to get therapy and to get guidance on their life.

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And there has been some really terrible outcomes of that in the news.

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But there's also this lens, I think, about a place like South Africa that has a

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very small fraction of the therapists available than somewhere like the United States.

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And in certain populations, you don't, like there's not an alternative.

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You don't have the access.

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So I think about how do we make it safer?

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How do we build in, like you were talking about in hospitals, you know, it's a highly regulated environment, just how do we make the technology safer so it really can be that source for people?

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And I absolutely agree with that because

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You think, well, it's better to have something well to a point.

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And so that something has to have guardrails, it has to have safety, it has to have escape safety hatches that can pop, a safety valve like a pressure cooker if it gets to a point.

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And that requires really being intentional about bringing the voices of those who care for those patients, who can anticipate what could happen as much as possible, and put in those

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barriers so that when something is getting dangerous it can get stopped.

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But don't stop the innovation.

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Yes.

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But innovate with guardrails.

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Innovate with benchmarks so that you can watch as it's evolving whether you start to see unintended consequences.

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Because that's generally, to go back to the point you asked me earlier about how gaps are built into the social structure.

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You don't know, but some of these things have become shortcut for economic power, for access.

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And you're just thinking access, but it's showing up in all these other ways.

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And so if you're not building a structure whereby you can go back over time and see whether those unintended consequences are showing up, you're not going to know.

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And you look up a year from now and you've made a bad situation exponentially worse, right?

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So

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You're known as the voice of the clinician, and I know many global, very large healthcare enterprises, you're providing advisory and guidance.

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And when these companies are building technology solutions,

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who is that persona of the clinician and how do you make sure that when tech leaders are building technology that it actually is taking that clinician's point of view into consideration?

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Like what is advice that you have for technology companies building for healthcare today?

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I think the most important thing I tell them is to talk to a clinician.

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Talk to the end user, right?

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Because there were some solutions that were presented to me.

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I'd be like, did you talk to anybody who was going to actually use this?

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What would make me ask this question?

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What would make me push this button?

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How does this make a difference in my workflow?

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Because as a physician, half the time you're thinking, oh, here they go again.

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There's another incoming I got to deal with.

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One more thing.

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We already talked about the administrative burden, and now you want me to pilot out 500

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I don't want to hear about it, right?

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I just want to see my patients and go home.

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But you know what can be.

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But you have to actually work with the person through their workflow to show them what can be solved.

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Because a lot of times I find that technology is a solution in search of a problem.

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And you really have to start with what is the problem we're trying to solve and back into, okay, this is how you solve it.

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Because otherwise people are just like,

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I don't want to hear one more thing because I have so much going on.

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But I found a lot of, especially in the age of AI, oh my word, after generative AI took off, you just look up and there'd be like 15 people trying to sell you all kinds of stuff.

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And you're like, what problem am I solving with this thing?

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This is just adding one more thing for me to do, which sounds really sexy to you, but doesn't get me.

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better care for my patient.

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It doesn't get them faster, cheaper, more safe.

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It's just one more thing.

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So really working closely with the clinician and with the patients, by the way, because that seems to be a voice that is often missing, right?

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They're like, oh, and you can do this for your patient.

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Did the patient indicate that that was an issue that they had?

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And how are you addressing that?

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So I think

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that it's really important, even at health systems, because the decisions tend to be in parallel tracks.

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They're clinical decision makers, and they're business decision makers.

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I had the opportunity to be both, and so I could represent both, but very often they're not.

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So they've sold this up the business line, and now it has to be deployed down the clinical line.

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And that chasm is like, who bought this thing, and why are you asking me to use it?

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tell people it's important to pay attention to who is the end user and for what purpose so that you can actually make your solutions make sense.

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You're a mom.

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I am a mom.

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How do you work with your kids or what advice do you give them around technology adoption and AI?

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Well, I'm a mom of two young men.

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So they probably give me more advice than I give them.

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But

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But this is reality.

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This is where we are, right?

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And so how are you using this?

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So my son just graduated, and he's looking for a job, and I'm applying, Mom.

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I'm like, well, how are you using AI to help you refine your search or refine your narrative?

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And I'm like, yeah, I guess I could do that, because his head's down.

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just grinding, grinding, trying to do the right thing as many times as he can to get to the right outcome.

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I'm like, this is an option that can help you.

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He's like, yeah, I thought about that, but everybody uses that, and I don't want to sound like everybody else, which I appreciate.

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But I'm like, OK, so what aspects of it can we use that will optimize what you're trying to do without drowning out your voice?

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And I appreciate that he wants to maintain his voice and his perspective, because he's like, you put it in and everybody sounds

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And I have to confess, I agree.

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After a while, you're reading all these posts, and they all sound like they were written by the same person.

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And so having those conversations with them is what we do.

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What kinds of jobs is he applying for?

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So he's a pre-med student.

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Oh wow, following your mom's footsteps.

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Yeah, so he was trying to work in a lab, and

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He wanted to get some health technology exposure before taking the next step to medical school.

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So all of those kind of things that would put him on that path is what he's trying to get.

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Well, I wish him the best of luck.

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Thank you.

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I keep hearing stories of young people just struggling to find a place in the workforce.

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A member of my family just graduated med school in Dublin, and she didn't get accepted on any of her placements to go and work in a hospital after.

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I think she's going through round two now.

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But that seems crazy to me.

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And I had dinner maybe two nights ago with somebody who's a professor of computer science at MIT, which is the number one computer science school in the world.

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And 40% of their grads in a survey last year weren't placed in jobs.

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And it's just devastating.

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It is truly, I mean, yes.

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And yes.

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It's one of the things that we really have to pay attention to in this technology growth because it's impacting these young people at an alarming space.

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My younger one

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Is a computer science major, right?

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And he's a junior in college, and he couldn't get an internship, and it's like his school had historically had all their students have internships, so you go out of your third year and you don't have an internship that summer, what happens next year, right?

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Even the people graduating can't get jobs.

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And then the organizations that had the internships are getting rid of them so they can have people who have jobs.

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It's just a loop that really requires close attention because you're having this whole generation of kids whose skills are being put out to pasture because you can feed it into an LLM.

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So where you needed 50 first level workers, you just put it in and maybe you need two of them to

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carry the printout back and forth.

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What gets lost in all of that?

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Because these are going to be the middle management and the senior management in a few years.

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Where do they build their chops?

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Where do they get the reps if they don't have those opportunities?

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And every time society changes, these things happen, and they'll eventually readjust.

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But happening to this particular age group is a particularly challenging

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time.

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And by the time it adjusts, they're no longer in that age group, so you can't fix it for them.

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And so you're dealing with the fallout for this group for a pretty long time.

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And so just like with healthcare, I think this requires intentional focus.

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Intentional focus.

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Yeah.

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Yeah.

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One of my friends talks about maniacal focus is the word he uses, but just that intensity.

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I think for me, when I'm

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asked, what skills to curate.

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I mean, I'm an entrepreneur.

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You're very entrepreneurial.

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I think that skill set of decision making, owning an outcome, taking responsibility, making decisions.

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As a creative person, I hope that creativity will continue to be something that is really valuable.

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You know, creativity, not just in arts and crafts, though I read something from

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Chief Product Officer at Google, Ivy Ross, she did a bunch of research with this woman, Susan Magnuson.

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I hope I have her last name right.

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They published a book recently.

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And Nobel Laureates, so people who have won Nobel Prizes are 22 times more likely to be artists.

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of various types.

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But I think that's really interesting because to perform at that level is really about creativity and your problem solving, like seeing something completely different.

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But is there something that you encourage with your boys?

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Like these are the skills that...

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I encourage reading.

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Love that.

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Because we've gotten away from reading and when they were little I read to them, but as they got older everything became digital.

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But the value of reading is processing comprehension, right?

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And being able to take a picture and put it together in your mind and report it out in your mind through creativity and all of that.

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So I cannot double click on reading enough.

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But I also encourage fun, encourage having a space in your mind where you can relax.

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And whether that's art or music or just being out in nature,

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You need that space in your head so that you can recharge and be refreshed and do the next thing that's supposed to be done with a clearer mind.

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And if you don't have that and you're constantly grinding, you lose something really critical.

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So reading and fun.

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Yeah, I agree with reading.

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I was a voracious book reader as a kid.

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And I think it was in 2017, I did a challenge of 52 books in 52 weeks.

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And I had to cram at the end because I basically didn't read all summer.

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And then I had to catch up.

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And it was exhausting.

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I made it, but it was exhausting.

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And then I found I didn't really read for a couple years after.

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Definitely not even close to the same level of intensity.

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And now with so much on screens, I find I have to actively work at my discipline of reading, especially reading difficult things.

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So I have the utmost respect for people who can read research papers, medical journals.

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I subscribed this year to a nature subscription.

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So once a week I get all these scientific research.

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And in the beginning, I don't, maybe I should be embarrassed.

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I could hardly get through the abstracts.

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Like I just, my comprehension was just not there.

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But slowly over time, I'm like building that ability.

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What do you read and any recommendations on what to be reading?

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I read all sorts of things.

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When I was a kid, my dad built little bookshelves in all the bathrooms and under the stairs because I was always somewhere reading.

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And so medical books, I figure that's my life.

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So I don't consider that reading.

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That's just, you saw this case and you want to reference it or you want to stay up on the material.

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I love to read business books.

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I love to read autobiographies.

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Just learning how people have navigated their lives and how they found meaning.

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Especially at this stage in my life, I'm really passionate about anchoring on meaning.

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So I'm reading a lot of autobiographies.

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Is there one that stands out?

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Well, I just started one by Jim Collins.

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What to Make of a Life.

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And it's just talking about his journey.

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And it's just interesting.

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I love to see how people arrived at the conclusions they arrived at.

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Some people had really hard events happen to them, and some just had an awakening.

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And so, because at a point I was reading a bunch of people who had really hard events happening to them, and I'm thinking, do I need to go find something really hard to happen to me?

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No, you can just have an awakening, so let's go this fast, because you don't have to choose the hard way.

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So I love those.

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I love to read about business entrepreneurs and how they think about

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simple things that show up and translate into how you can get better at what you do.

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So, and then I just love to read fun books in the summer.

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I can always read a romance novel.

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That's like, my dad used to call it emptying my brain.

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I'm like, yeah, it's okay.

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Sometimes you need to empty your brain.

00:50:45

Yes.

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I think the skill, we were talking about skills, like the skill of relaxation.

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For me, that's never been so easy, but escaping into a book, a fiction book, I mean, it's such a joy to read good literature.

00:51:01

And you don't have to think about it.

00:51:02

And you don't have to think about it.

00:51:05

Bondo, is there anything, I have some wrap-up questions, some rapid fire, but before we get there, is there anything that you want to share with our audience that we didn't get to today?

00:51:15

I think

00:51:16

I think we got to most of it, but a lot of what I'm doing today is trying to talk to people who are really working at intersection of health and technology and really connecting with the patients and the clinicians and the community.

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And I think it's really important that they ask the questions early on.

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Just have a thought partner, that's what I do.

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What are the possible things that we need to think about here as we are creating, because I know

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People are bringing their big heart and their whole energy and passion to creating solutions.

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But make sure that we're partnering on that journey and that we're doing the things that we need to do together.

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I am really, really good at helping people be practical and cut through all the fluff to get to what it is that you actually want to solve for.

00:52:07

And so that's something I'd like to say that it's important that people keep in mind.

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And I think to make it real for our audience as well, an example of a project you've maybe been really proud of.

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There's the project and there's how much of it can I share?

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I know, I figured in asking the question, there's probably a lot that you do that is confidential.

00:52:31

Yeah.

00:52:33

I think I will talk about one that I did with my employer a few years back.

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We're looking at a solution to assess which patients are likely to miss their appointment.

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And so this model could tell which ones were, not rocket science, the variables are similar.

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But then the question, then they looked at it and they're like, my goodness, these people, this population is more highly represented in this data than that population.

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What should we do, right?

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So then there was lots of questions.

00:53:09

Should we oversample the other population that's not showing the difference or what should we do with the result?

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And I said, oversampling, it is just going to show you the difference on a bigger scale, because it's just the factors that are causing the difference are here.

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And so I asked them, it's not just the model finding what you want to find.

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It's when you find it, how does it fit into your workflow?

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So we went into the workflow and we looked and it's like, so one person said, well, you could, since you know that these people are going to miss their appointment, you could double book, right?

00:53:42

Okay, what are the potential outcomes of that?

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It means that some people are going to be disenfranchised, right?

00:53:48

Because if I've managed to make it there and you've double booked my spot, then I don't get the care that I should.

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What else could you do with that information?

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We could use it to provide outreach support.

00:54:01

We could do reminder calls.

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We could help them get transportation and help reduce the friction that causes them to not come in.

00:54:08

I'm like, perfect, because if we do that, then this answer has given us a way to solve the problem in a way that is beneficial to the patient.

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So it's that kind of really thinking not just of that solution, but the workflow.

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It really hits home for me because my sister a couple years ago, she has four little kids.

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They were very young at the time.

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I don't know, the oldest was maybe 7 or 8 years old, and she was diagnosed with breast cancer.

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And to have 4 little ones, she had this appointment that she needed to go to, and it was like 3 or 4 hours away, so she had to get childcare for the day for the kids.

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And she drives out to this appointment, and I don't know if it was because of double booking, but they had canceled her appointment.

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And, you're also in an emotional state where you're looking for answers.

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And I could just picture my sister being there by herself.

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she lives in England, I live in Canada, so she doesn't have her immediate family around her.

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And it just like, you could see I get emotional thinking about it.

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It's just, and my sister's in a pretty good situation overall, you know, like they do well for themselves financially and things like that.

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But it's,

00:55:22

I just can't imagine how hard that is for people.

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And I love that you identified, because like this is what a bank does is just reuse your money essentially.

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But treating people like people and knowing that these are the kinds of situations that arise and using data to identify a higher impact, better outcome solution that is patient centric.

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I think that that's really powerful.

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Thank you.

00:55:47

Yeah, I think

00:55:49

If you don't know, because the person who did the model didn't know of what those possibilities are.

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But I know, and I know that this is what could potentially happen.

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So when they talk to me, I can ask them the question that they wouldn't know to ask, right?

00:56:03

And that's how you get to a higher impact, better outcome for the patient, for the patient.

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It's always about the patient.

00:56:14

So rapid fire, if you had your younger self sitting here, what's one piece of advice that you would give her?

00:56:21

I would tell her to keep speaking.

00:56:23

Keep speaking.

00:56:24

Just keep talking.

00:56:25

Your voice is important.

00:56:26

And you're living that right now, which I love.

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What's one value that you've held on to, even when you've been really challenged and it hasn't been easy to hold on to that value?

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Compassion.

00:56:39

Compassion.

00:56:39

Yeah.

00:56:42

I hold on to compassion because people need compassion and sometimes turning that lens on a difficult relationship actually turns it around.

00:56:53

That's beautiful.

00:56:54

I did a year working with His Holiness the Dalai Lama and a lot of his books and teachings are very compassion centric and I can appreciate that sometimes it's very difficult to have compassion.

00:57:09

So last question, just one word.

00:57:12

What is your view on the future with AI?

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Possible.

00:57:18

Possible.

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I love it.

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Thank you so much.

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Nwando, truly a pleasure and an honor to have you on the show here today.

00:57:26

Thank you.

00:57:26

Thank you so much for having me.

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This was fun.

00:57:29

I'm glad.

00:57:30

And for those tuning in, this is Ashleigh Vogstad.

00:57:33

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Thank you so much.