DOCTOR'S CROSSING
CARPE DIEM PODCAST
TRANSCRIPT

EPISODE 65 Opportunities in Digital Health - Catch the Wave

With guest Dr. Dan Drozd

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HF: Welcome to The Doctor's Crossing Carpe Diem podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a non-clinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So pull up a chair, my friend, and let's carpe that diem.

Hello, hello, and welcome back to the Doctor's Crossing Carpe Diem podcast. You're listening to episode number 65. Today I have a very interesting guest who transitioned from infectious disease into a CMO role in a dynamic company that structures clinical data in a variety of ways to help further research and advance patient care.

We're going to be talking about how he started with a basic vision of what he wanted in a nonclinical role and how he was able to find a new career that fit his vision. We'll also be learning about the different hats he wears in his current position, including physician-scientist, digital health expert and salesperson. Guess which one he enjoys the most?

My guest is Dr. Dan Drozd, an infectious disease physician and informaticist with a master's degree in epidemiology. Since Dan knows what it's like to be at the crossroads and not know exactly how to get from A to B, he's going to share some tips and recommendations for making career changes in general, as well as specific suggestions for those who are interested in the niche of healthcare analytics and digital health startup. It is a true honor and pleasure to welcome Dr. Dan Drozd to the podcast. Hey Dan, how are you?

DD: I'm doing great, Heather. It's great to be here with you today. I appreciate the opportunity to speak to you and your listeners.

HF: Oh, thank you. And I'm really excited to have you on because we have these typical big buckets for nonclinical roles of pharma, medical writing, utilization management, but you have a slightly different niche, right? It's a very different niche. I'm really looking forward to having you talk about what you're doing and also the steps you took to get here.

DD: That sounds great. I'm happy to talk a little bit about my role right now. And then yeah, we can dive into how I got from being a practicing infectious disease physician to my current position as CMO of PicnicHealth.

HF: I think that's a lovely place to begin, is to talk first about what you're actually doing.

DD: Yeah. As I said, I'm Chief Medical Officer right now. I wear a number of different hats. In the end, I oversee all of our clinical research efforts. I'll speak in a minute a little bit more about what the company does, but I oversee all of our clinical research efforts, have a team of clinicians, physicians, nurses, clinical research assistants, as well as a team of epidemiologists and biostatisticians that are part of the organization that I lead.
I spend a lot of time really thinking about strategy for the company and how we can best apply the sorts of data that we're able to generate out of patient medical records and ultimately provide value to our partners, which are a combination of academic institutions and biopharmaceutical companies.

HF: That sounds like a very complex position that you have with a lot of moving parts and different types of people that you are overseeing and managing.

DD: Yeah. It's a growing team. I think the company has grown quite a lot over the last couple of years that I've been there. And so, when I started, it was a much, much smaller team, so it's been nice, there's been some organic growth over the last couple of years. I didn't step into something that was fully formed.

And it's been really exciting. It's challenging. I sort of think about new sorts of problems every day, really get to apply a lot of my clinical expertise. And then also, prior experience doing leading research projects as we think about how to work with fully consenting patients and involve patients really instrumentally in the overall research process.

I think there's something really unique about what we do as a company, and the role itself has been really challenging and really interesting. It is a diverse group of people. It's one of my favorite things about the role. I really get to work with smart people who have very different minds than I do and approach things often from very different angles than I might approach something. And so that sort of collaborative nature has been really powerful and really great to be a part of.

HF: Well, what exactly is this company doing? Tell us what this great team of diverse people and lines are creating and bringing into the marketplace.

DD: Yeah. We start off by identifying a particular disease area that we want to develop a cohort of patients in. And there's a number of things that go into that process, selecting which disease areas we might concentrate in. But once we've selected an area, we go out and recruit patients who would be willing to share their data with researchers.

And there's really two components to this. There's an amount of value that patients get directly, because what we do in order to power our research studies is we collect patients' data from any medical site where they might have received care throughout the US.

We'll get data through sophisticated electronic mechanisms, if that data is available that way. We still get plenty of data in manila envelopes sent from physicians' offices, or faxed to us. I'm sure everyone listening to the podcast is aware of how frequently we still

transmit electronic medical records and patient medical histories and charts via fax machine. As someone who's had a longstanding interest in technology, it boggles my mind, but it certainly is a facet of medical care. And because part of what we're doing is collecting patient records, we need to be able to collect those records via any mechanism that might be available.

Once we've collected all that data, we ingest it. We use a machine learning-guided system to structure that data. And what that really means is pulling out the concepts out of a patient's records. And you can think of concepts as being something as simple as a hemoglobin lab or something as clinically complex as progression in a particular type of cancer or a particular finding on an endoscopy report in a patient with inflammatory bowel disease.

HF: And then once you get this data, how is it being used?

DD: It's used in a couple of different ways. We provide all of the patient medical records back to them in a single application. One way to think about it really is something similar to what one might get by logging into an individual facilities portal, for example, except that we collect all the data from anywhere the patient might have been seen in the United States.

And so, give that then back to the patients, and patients can then share that data with their physicians. They can share it with caregivers or loved ones. And really, because I think fundamentally, I believe that the access to good data is incredibly important to patients receiving the best care, important to patients receiving cost-effective care. I'm sure we have all ordered lab tests, gotten an X-ray, or something that you know a patient had that same study done a couple days prior, but you just don't have access to those records. We really provide a mechanism for patients where they can be empowered to own their own healthcare data, and then to be able to share that data with providers that they see.

And then from a research perspective, we take all of the patients collectively with a particular disease. The data's all de-identified. None of the information that we share with partners has any identifiable information on it. And then that data is made available

for free to academic or not-for-profit partners and then is licensed to biopharmaceutical companies as well.

It can be used and has been used in a wide variety of ways by partners. Looking at natural histories of diseases, understanding comparative effectiveness, comparing drug A to drug B, value-based agreements with payers, looking at regulatory submissions and enhancement in rare diseases in particular. Really a wide variety of use cases for the data itself.

There's this value proposition directly to the patients where you're getting access to all of your data in a single place, as well as I think most patients that I talk to are actually very, very happy to share their data with researchers and are interested in helping the next generation of patients with whatever condition they might have. Hopefully have a bit of an easier time with that condition than they had.

And so, we give patients both the ability to share that data and then to have access to their own information. And then to research partners really allow our partners to answer those sorts of questions that have been historically really, really difficult to answer from many existing sources of data.

HF: It's interesting. All the different end-users and there's quite a range from patients to academicians, researchers, to pharmaceutical industries, and even healthcare insurers using this data. So, you wear a number of different hats in your role as CMO. Do you have a favorite?

DD: I like all of the hats that I wear. I will say the role that has surprised me that I do enjoy a lot is working with our commercialization business development and sales teams as part of the sales process in being a scientific expert and being a clinical expert and being able to provide that level of credibility and rigor to the sales process and working with partners to understand the sorts of questions that they're interested in answering with the data and trying to think through complex problems about “Is our data ultimately a good solution for whatever the question they're looking to answer?”

And I think in many cases the answer to that is yes, but certainly, in some cases the data isn't the right solution or our data isn't the right solution for a problem. And so, that part

of the process has been or that part of the job has been what I have probably been most surprised about being very interested in and enjoying. I wouldn't have described myself necessarily as a natural salesman, but I think there's like this very interesting niche, that for me has been really enjoyable.

HF: Yeah. And I wanted to ask you about that because when we talked in preparation for the podcast, you mentioned that, and that surprised me too. I wanted to bring it out because when I initially do that assessment with my clients that you went through, internet sales and selling is one choice.

And most people ranked that zero saying, "Ugh, I don't want to be a sales person," but when we reframe it as being of service and figuring out what the need is of your customer and knowing your product or whatever it is you're selling well enough to see if there's a match in doing it with integrity, that's just being of service. It doesn't have to be schmoozie or salesy or icky.

DD: I think that's exactly right. And that's certainly the approach that I take to it. My role is very much to be that in many cases I will say no to things that I think don't make any sense. And I'm certainly fully empowered to do that in situations where, as I said, if our data isn't going to be the best for answering a particular question, then it's actually better for the company in the end, for both parties in the end to have a transparent assessment of that.

We're an organization that is looking to continue to grow over time and making sure that our partners that we work very, very closely with are getting value out of the data. It's good for the business. It's good for science. It's just good all around. So, I completely agree.

HF: All right. Now I would love to get into how you actually made this transition and I want to share what you wrote for our first session about your goal. You said, "My goal is ultimately to obtain a senior executive position working in healthcare analytics/artificial intelligence. I'd probably ultimately like to be working for a small to midsize company where I feel like I could have a big impact."

And something else you had written too was, "I'd like to do something to positively impact the world." You had this vision and a lot of physicians have trouble with seeing "How do I even know where to begin?" And you didn't have any other ideas than sort of this vision. How did you make it happen?

DD: I think the first thing I did, which was uncomfortable for me, but was one of the things that you and I talked a lot about was I really just had to put myself out there and start sending emails to people that I had had even minimal prior relationships with and try to go sit down, and at the time, have coffee, which there's probably less of going on these days obviously, but sat down and had coffee or meetings with a bunch of people.

Some of those went nowhere, some of those ended up leading to introductions to other people. And for me, I would say the biggest part of the transition was really like getting more comfortable, just putting myself out there, asking people for help. I think most people are very, very happy to help if you reach out to them with a concrete question. And so, that's how I approached it.

And then as I went through that process, I also just started applying for a lot of jobs and getting experience in that process. The process of applying for jobs outside of medicine is often very different from the process of applying for jobs in medicine. I sent out lots of applications, some of them got responses, some of them didn't. I interviewed in a bunch of places and ultimately just approached it in the end as a process that the more that I was putting into that process in terms of putting myself out there, the more that I got back out of that process.

HF: I am so glad you said this piece about you had to get uncomfortable and that even sending out emails can be a big hurdle. You didn't say it in those exact words, but it's so true, that first email. And I remember when you were starting to send those emails that there was definitely resistance, and most of us have that. That's normal. I just want to really make that clear that if you're hesitating sending out an email to ask somebody to help you or speak with you, it's normal to not want to do it to be afraid, but as you see that bit gets the ball rolling. And did anything bad come from sending your emails out?

DD: No.

HF: No trees are harmed.

DD: Hundred percent good. It's been super empowering and it's had trickle-down effects and other portions of my life in other ways. Certainly the way that I approach my job now, I am much more comfortable kind of reaching out to people asking for help and will cold email people all the time. Sometimes you hear back, sometimes you don't. And that's okay.

HF: And when you had those conversations with different people, what was it in those conversations that helped you?

DD: I think the thing that helped me the most was hearing other people's stories. And this thing, when you're sitting at this point of transition, I think it's easy to feel alone in the process. I think being able to connect with people who had made some sort of transition, even if it wasn't exactly the sort of transition that I was looking to make, it was really, really helpful to hear people's experiences.

And in particular, in people who have transitioned out of clinical medicine into something that is not directly involved in patient care, I think there can be a lot of, we all invest a lot of time and energy and ultimately, ourselves into being physicians. I think that transition away from clinical medicine is obviously a hard one for people. It was a hard one for me. I have no regrets about it. I really couldn't be happier in my current situation, but it's a process. And I think just having people to talk through things with was really, really helpful.

HF: Those are excellent points. Now, if there are physicians out there who are interested in doing something similar to you or in this area of healthcare analytics and digital health, what could they start doing and what experience, if any, do they need to possibly land a job?

DD: That was a really great question. I think there's a number of different ways that you can approach this. But I think that what I would say from an overall perspective is there are a ton of opportunities within the broader digital health space that can be good fits for people with a wide range of backgrounds. Obviously, my background isn't going to be exactly your background, but I think that there are digital health companies that are

obviously providing direct clinical care to patients via using technology as a medium to provide that care.

There are companies that are involved in novel payment mechanisms or working with certain populations of patients to help ensure that those patients get better care. And I think there is a place ultimately for many, many people within this broader space.

There's a website called Rock Health that I think is really an interesting website. Basically, they invest in digital health companies. They have a list of companies that they've invested in. It's a really good place to get started, to understand what the breadth of possibilities are out there.

And Google is an incredibly powerful tool for simple things like looking for, in my case, smaller companies, but really, I think these sorts of opportunities are available in larger companies, including pharmaceutical companies. Most pharmaceutical companies have digital innovation teams at this point that have physicians involved in their organizations, insurance companies, large healthcare organizations, et cetera.

Tons of opportunities are out there, but like I said, I think the most important thing really is starting to try to make some connections. And in the end, that's reaching out and talking to people.

HF: And that website you mentioned has the list. That's Rock Health?

DD: That's right.

HF: Okay. I'll make sure to link to that in the show notes. Do you have any examples of physicians you know who maybe didn't have extensive background as you did in clinical research and analytics who are working in some of these roles? You don't have to mention them specifically, but maybe an idea of what they're doing, what their role is.

DD: Yeah. I can think of a number of people, but I'll give you one example that comes to mind. I know a woman who was an internist who went to work for a company that was providing digital healthcare, like telehealth, basically. And transitioned more into a

product role within that company. And had started by directly providing care, but transitioned into really helping to shape what the product for that company looked like.

I have another friend who went to work for a company that was involved in basically providing software to emergency departments. And so, his role was partially a sales role and overseeing the overall clinical program and product development at that organization. Lots and lots of opportunities for people who are interested in the space and who put themselves out there.

HF: I like how you mentioned that this internist started in a clinical role and then it developed into working more on the product end. That is not a super uncommon story. Don't think that by doing something that maybe you don't see yourself doing in five years is a dead end, that it can't get your foot in the door.

DD: Yeah. I think that's right. That's exactly right. The position one takes right off the bat, it doesn't have to be your dream position. And in the end, as you're making this transition, it's valuable for you to be able to show that you have the ability to both leverage your clinical skills in places where that's important and also work in an environment that in many ways is very different than a clinical environment where the goals might be different, where the people that you're working with might be different. And so, show your ability to drive impact in that sort of environment as well.

HF: In thinking about the role that you've had in the nonclinical realm, and also what you see other physicians doing, nonclinically, do you have any advice about what might be good for physicians who just want to transition in general into the nonclinical realm of skills? They could be building while they're still in practice or things they could be learning or doing, or even courses they could be taking, just to broaden their platform of becoming a nonclinical physician.

DD: It helps to have some idea of a direction that you would like to go into, which doesn't mean saying that you need to have decided, "Oh, I want to work for a health insurer. Oh, I want to work for a pharma company." It helps to have some sort of sense. I think there are skills that we all learn in medicine. And an example of those is that they have broad applicability to other organizations. Things like the ability to kind of lead a team and manage a project with a goal of reaching an end. Some particular goal at the end.

Those are all skills that in many ways are part and parcel of what physicians do every day. I think in taking on positions or roles or getting training, even within the organization that you're currently working in. If there are opportunities to serve on committees, I served on the finance committee at my last job and was great for learning about finance and healthcare. Really any of those sorts of things that you can start to tap into. In some cases, those will be paid. In some cases, they'll be volunteer positions that you're not being asked to dedicate much time to. But I think those sorts of things are really, really helpful in terms of developing additional skills.

HF: Those are fabulous points and it's something recruiters look for on the resume. And there's nothing wrong with being a straight clinician. I've seen lots of doctors with that background get nonclinical jobs. I don't want you to think that there's anything lacking. It definitely can work, but if you want to add on working on committees, volunteering, taking on some leadership role, doing something above and beyond, doing a project, something that you learned from and can also talk about in an interview of this is how we made an impact, just as an added benefit.

DD: Yeah. I couldn't agree more. I think the more experiences people have, the more compelling a story you can tell. I would also really encourage people to be confident in the way that the skills they have can be applied outside of medicine. The leadership that people have, even if you don't have a physician leadership role within the organization you're working in now, you have teams of people that you work with on a daily basis, you have patients that you help care for.

These are all valuable skills that can be used in other settings. And so, that would definitely encourage people to lean into those skills and recognize them and not think, "Oh, well, I don't really know how to do X, Y, or Z because I haven't ever done it before." And think about parallels between what you do as a doctor in whatever the role that you might be looking at or applying for.

HF: This is fantastic. I'm curious to ask you, Dan, because you were not unhappy in infectious disease, you weren't miserably and terribly burnt out just like "Show me the exit door." So, you could have kept going, but I'm curious on a scale of zero to 10, what your job satisfaction is currently?

DD: My job is great. I really can't imagine having a better job right now. I hate to give something a 10 out of 10, but I'll give it a 10 out of 10.

HF: Wow. I love that. I love that. Okay, fantastic. We're about to wrap up here. Do you have any last thoughts you'd like to share with the listeners?

DD: I think I would just reiterate. I'd really encourage people to put themselves out there and to reach out to people you know within your network. It doesn't have to be your immediate network. It can be friends of friends or colleagues of colleagues. Talk to people you work with. People know people. And the whole idea of networking, it was a difficult one for me to take my initial leap into, but it's been invaluable to me over the last several years as I transitioned into this new role and now continuing to grow in this role as well.

HF: Excellent. I love that you made this last point. If there's anyone there sitting on an email or knowing that there's someone they could reach out to, I want you to do it in the next 24 hours and then you can email me and tell me you did it and I will cheer you on because it could be the beginning of a 10. Finding your 10 out of a 10.

DD: Send it. Just send it.

HF: Send it. All right. Thank you very much, Dr. Dan Drozd. He is a great example of "You don't have to know where you're going to just start making changes." Thank you again. And don't forget guys to carpe that diem and I'll see you in the next episode. Bye for now.

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Podcast details

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