



EPISODE 88 Find a New Career Direction by Solving a Problem

With guest Dr. Jennifer Beppe

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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 nonclinical 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 88. One of the things we talk about on the podcast is taking an interest you have in something and finding ways to begin incorporating that interest in your work and career. But it can often be a bit challenging to figure out how exactly to do something that doesn't have a clear step-by-step roadmap.

We're great at following steps, but how do you create those steps for yourself when you're trailblazing? Our lovely guest today, urologist Dr. Jennifer Beppe started her

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trailblazing with a strong desire to improve access to care for patients after seeing how much trouble many of them had getting off of work to come and see her.

Dr. Bepple's interest led her into the world of digital health and technology, and ultimately into a number of different paid positions in this area. However, it was not a linear path and no one gave her a roadmap to follow.

Jenne is going to share with us how she took her initial desire to solve a problem and figured out how to create this dynamic and evolving career path in digital health technology. Please join me in warmly welcoming Dr. Jennifer Bepple to the podcast. Hey, , how are you?

JB: Hi, Heather. Thanks so much for having me on. I am excited to speak with you today.

HF: Me too. This is going to be really fun. So, let's dive in. Where would you like to begin? You want to begin with this problem that you were seeing with your patients?

JB: Sure. Many of my patients, as female urologists are other women and there aren't very many female urologists. And so, the problems with access to care were very apparent. Whether it be a teacher who had limited time off or a mom who was trying to find childcare, but getting in to see the physician was challenging. And so, I was sort of squeezing them in here or there, again, just trying to accommodate schedules.

HF: Yeah. That is a real problem. And when you also paint the picture of the type of patients that were coming to see you, it makes even more sense. So, then what happened?

JB: After recognizing that, I got really interested in telehealth and the ways that telehealth could allow patients easier access to me. Once I reviewed regulations, I was very thoughtful about potential use cases and started knocking on the door of my company, asking to start a telehealth program. It took about two years though, to get people to



agree to that. So, knocking on doors became banging on doors and maybe they were kind of tired of me knocking on their door.

HF: And then banging doors down.

JB: And so, I think that along the way, I was able to convince them folks who also really believed in that effort and saw it as the future of medicine. And this was all pre pandemic before it became much more of a household term.

HF: Yeah. That context helps us. What year exactly was this?

JB: 2017 is when I started knocking on doors. And 2019 is when we started a pilot program for telehealth.

HF: And how long had you been in practice?

JB: I finished residency and started in practice in 2009.

HF: Okay. So, you've been in practice for a while. And had this problem been brewing all along or was it something that was escalating?

JB: I had frequently sort of went through practice, looking for ways to improve care, whether that was processes or technology. And so, this was sort of like a natural next step. And yeah, I would say that identifying the issue with access had been brewing for a while and kind of landing on telehealth as a potential solution. It took me a little while to get there.

HF: Are you one of these types who is very tech savvy and you like the EMR, you can help other physicians with problems?

JB: I would say with regards to how tech savvy I am, I think it's a matter of who I'm being compared to. Potentially to my peers, I appear to be more tech savvy. I did always get involved in any of the EHR build outs. But when I compare myself to some of the people I've really have had the pleasure of working with once I've moved over into digital health, who that has been their whole career in information technology, I am constantly learning from them.

HF: I love that because we don't have to be the best and everybody starts somewhere and everyone has something to offer. So, if we go back to something you said, when you were noticing this problem, you said, I started knocking on doors and I started banging on doors. Well, how did you even know what doors to start knocking on?

JB: That's a great question. I think that you sort of start talking to your partners and figuring out what makes sense and getting some feedback from them. And then you start going to leadership and kind of seeing where you have traction and identifying when people may say no or maybe they're really saying not yet is figuring out what exactly are their motivations and challenges in setting up programs like this.

HF: And what were people saying to you?

JB: I think that there were a lot of concerns around reimbursement. I think that there are concerns around technology. There were concerns around patients that don't want to do it, or doctors that don't want to do it. And I think that that took time to really break down those concerns and address those concerns.

And then I think the other really important thing is that once you start voicing your ideas and you do find some traction in someone that it's okay to have some additional champions. And I definitely had additional champions that helped me when I was knocking on doors and were helping me guide sort of that corporate system of who next? Who do you need to get on your side to do it?



HF: And if you could give us a picture of how many yeses to nos you were getting, or just the breakdown, the overall percentage. Just an estimate.

JB: Yeah. I think it depends upon where in the process you're talking about. 2017, when I first started knocking, I would say I got one yes out of many nos, but it was a really important yes. And so, that individual definitely was able to also understand the benefits of the program and how to present that through to leadership.

HF: I think this is such an interesting point, and I think it's helpful for our audience to hear that you have to be committed to this problem that you want to solve, because it's not necessarily easy going, especially early on. So, what kept you going?

JB: Knowing that it could be better and it should be better for patients I would say is what kind of keeps you persevering. And I think that, like you said, when you can identify the problem and you really become passionate about fixing a problem, doctors can be pretty stubborn when we think that something is the right thing to do. And this was certainly something that I felt strongly about being the right thing to do and being able to offer patients.

HF: Amen. I love that commitment. How did things change Jennie?

JB: Once they let us do a pilot and I had a couple of partners who joined me in the pilot, and we were able to show that we were getting reimbursed. We had good patient satisfaction scores, good provider satisfaction scores. We presented at the first digital health summit for our company. And it really kind of I think opened some eyes to the opportunities that telehealth and digital health in general could have for our patients, as well as our company.

Whether we wanted to be prepared or not, it was coming down the line. Now we weren't anticipating the global pandemic to make it come down a little bit faster. And so, that really is what changed it. Once we were able to do the pilot and show those things and then get really excitement and enthusiasm around it, and then obviously the pandemic really changed it.

HF: Well, that was good timing for you. Plan it for the pandemic. So, you did this pilot at your practice. It started being incorporated into this urology practice. What happened next in your career journey?

JB: Once we set up the telehealth program with an absolutely amazing team of people that as you pointed out earlier in these efforts is really important to be cross functional. And these were the people, they're the yases in the company. They're the ones that you go to who initially look at you when you come with a problem you want to solve and their first reaction isn't no, their first reaction is "Yeah, how can we do that?"

And so, with that really talented team, standing up the telehealth program then opened other doors into other ways that digital health could touch patients. And so, I started exploring remote patient monitoring, digital education efforts, again, to kind of improve the quality of education we were able to give our patients. And so, then that kind of led me down the track of data.

And now that we're doing these efforts, one is just the data. And how do we show that we're not only getting a return on investment? We're getting a return on health for these patients and what are our outcomes? Are we really able to deliver value, improve quality and decrease cost of care for our patient?

And so, I really landed in that world of data and informatics, which started me networking. And through meeting and talking to other people with similar interests, I found the master of management and clinical informatics program down at Duke and

decided this was my next step. This is what I needed to do in order to really kind of scale these efforts. So, I started that program last summer, and I'll be completing it this summer.

HF: Wow. I'm wondering, were you doing all this in your spare time? Was it in the evening? Weekends? How were you working this into being a busy physician?

JB: In retrospect, I'm not exactly sure how it was fit in. I think the answer is maybe there really wasn't much spare time. And again, like we talked about, when you're really passionate about something, then you're going to make it work.

HF: Do you have a family? Do you have children? Were you coming home and having to figure out how to do this after the kids went to bed?

JB: I do. I have three beautiful children and I have an amazing husband who is very tech savvy and is a fantastic sounding board for these ideas, and is a great motivator for me.

HF: Okay. So that helps us to understand that you had other responsibilities, but you were finding ways to prioritize this and them too. I'm curious, can you give us a few more examples of how this digital technology is being used by physicians? You mention remote monitoring and other things. Can you just explain that a little bit more?

JB: Sure. Digital health is best looked at as an umbrella term. And so, it includes things like telehealth, which is asynchronous telehealth, are some of the smart questionnaires that you can have. You can do remote patient monitoring. You can do synchronous telehealth, which is what I was describing earlier. It's also mobile health or mHealth. It's your wearables. It is health information technology, artificial intelligence, machine learning, and real world evidence.

And what all of these things have in common is that they produce data. And so, that leads you into big data and informatics, which is basically figuring out how to have all that data make sense and how to use that data to improve patient care. So, you're seeing uses expand from radiologists who have used telehealth basically, or store and forward technology for a long time. But now we're looking at machine learning to help radiologists in reading different films.

Pathologists are using the same thing. Dermatologists are using that to look at skin lesions. We are also using digital health and how we rethink medical education and utilizing AR and VR. It is impacting how we research. How do we do patient reported outcomes? How do we really identify the right patients for clinical trials? It impacts clinical operations. There are algorithms to predict no show rates as well as rates of whether or not somebody will do a trial. And it's part of what we see in our EHR builds. So clinical decision support tools can now help us predict sepsis or renal insufficiencies. And so, it really is touching many aspects of patient care and how physicians are going to be practicing.

HF: This is a huge area.

JB: It is.

HF: Yes, it really is. I want to ask a few follow up questions, but before that, I'm going to take a short break so I can share some resources for the listeners. Don't go away. We'll be right back.

LinkedIn has been one of the most helpful resources for my clients in landing great jobs. Initially, many of them were reluctant to put themselves out there and network on this platform. But once they created a profile and learned how to use LinkedIn strategically, they had a lot of success.

My LinkedIn for physician's course shows you how to create your own standout profile, have success networking, and land nonclinical jobs. To learn more about this online course, go to doctorscrossing.com/linkedin/course or simply visit the Doctor's Crossing website and hit the products tab at the top of the page. Now back to our podcast.

All right, we're back here with Dr. Jennifer Beppe, and we were just talking about the different ways that digital health technology is used in medicine. There are quite a lot. You mentioned artificial intelligence, Jennie. Can you give us a few examples of how that's being used and where it might be used more in medicine?

JB: Sure. Artificial intelligence is what backs a lot of the asynchronous care. So, it takes patients down algorithms to identify levels of acuity and need for urgent evaluations. AI is also what is backing the clinical decision support tools so that we can come up with risk thresholds and understand patients' risk for sepsis. And it can also provide recommendations for things to consider when it comes to patient care.

HF: And where do you see the future of AI going if you had a crystal ball?

JB: I think that AI is also another big term. And so, a lot of it is going into machine learning so that we can now train algorithms better in order to help with some of these efforts. This is a great example of what we're doing in real world evidence and being able to "read" or "use" natural language processing to read the unstructured data of the notes that you and I write and being able to pull information out of that. And then we can utilize machine learning to then make sense of all that data.

HF: I wish I could have some AI for my brain. Now, I'm sure there are some physicians listening who are wondering, "I'm kind of interested in this and it intrigues me, but I have no idea what I could do." Are you able to talk about some different roles that physicians have?

JB: Sure. I think that when you have such a big field that touches every piece of healthcare, clinicians really need to get involved. And that includes physicians, advanced practice providers, nurses, because we have a unique ability and a unique skill set to really bridge the technology and the bedside and understand what patients need and providers need. So, physicians are getting involved. Some are serving as the chief medical officer for digital health companies. There are chief medical informatics officers of various enterprises. We are serving in advisory or consulting roles. We are informaticians.

HF: And magicians.

JB: And so, we really span a lot of this.

HF: Now that you've mentioned all these different areas that physicians can have roles in, let's go back a little bit and talk about how you and how a physician might start to go from that initial idea and interest into actually finding opportunities.

JB: I have spoken with hundreds of physicians who are doing really fascinating things in healthcare. And my takeaway from this is that there is no one right way. There is no one path. And most frequently having a path that isn't linear really adds to what you can offer companies.

And whether that also includes additional interest outside of medicine, I feel like that can be valuable as well. And so, unlike getting into med school that we're very used to, we know the steps we have to do to get into med school. We know the checks we have to put in the boxes to get into the residency that we want to go to.

I think it's a little more ambiguous in the steps here, but there's probably a more general framework. I think it starts with networking, expanding your network, actively searching for people who have ideas that are different from yours or a different perspective than you. And not just connecting with them on LinkedIn, but talking to them, listening to



what they see as problems in healthcare, listening to how other people are fixing those problems.

And you'll see that people are very open, anyway, at least from what I've seen, to sharing with you their path and their struggles. And so, if your interest involves breaking the status quo, like I think many of us probably do, understand that that's not going to be popular. So, really be an active listener. If you're trying to institute a new technology to support something, understand that there are going to be some people that say no as their first reaction and it isn't because they don't care about patients. It's just maybe we need to do a better job of understanding where they're coming from too.

Aside from that type of networking, try to attend meetings that aren't just your society. Step outside of that box and listen to what else is being done. And then when you're making those next steps, I think it's really important to recognize that it is better to run towards something than away from something. Your motivation will be stronger. You will be able to persevere and that all kind of rests on understanding what's important to you to fix in healthcare. So, I think that those are sort of those next steps in how do you take an interest and make it something more.

HF: Okay, go back guys and rewind that last couple of minutes because there's a whole string of pearls in here. There are so many wonderful things you said. I'll just highlight a few, which is that having a non-linear path can actually make you a more attractive candidate at other companies and shows that diversity. You also said seek out people of different opinions and perspectives. And that's so good because so often we want people to just corroborate what we think and feel.

You said, be an active listener and also understand if someone says no that that may not mean no, it might mean not yet, or no, I want you to understand my perspective where I'm coming from to also move towards something. So yes, we often are unhappy and we

want change, but there has to be something that's compelling us to move forward. So, those were excellent tips.

Now let's get even more concrete and granular, Jennie. You and I met on LinkedIn and I was so thrilled when you said you'll come on the podcast. Often when we mention to people, "Well, go on LinkedIn and network", they still get the heebie jeebies. Can you give us an example of a message? I'm not meaning to put you on the spot, but just what someone might say after they've gotten that connection with someone, because that first message, you only have 300 characters, it's just short. But once they've accepted your invitation, what might you say in that initial message to them?

JB: And I would encourage you to put a message as you're trying to connect. Add the note, take the time just to be high level. And then I think in that next message, tell them, especially if you're reaching out to another physician, tell them what you do, what you're interested in and why you're interested in speaking with them. And would they mind finding a time to chat? And like I said, I found physicians to be very open to speaking with other physicians.

HF: Yeah. You've been helped and you help other physicians. Well, that's how we are. In general, we like to pay it back. We like to pay it forward. I know we're getting close to the end here. Would you like to tell us a bit about some of the work that you have done or are doing in this space besides that initial pilot that you did?

JB: Sure. I would probably like to highlight a nonprofit that I work with, called Ohana One. And so, Ohana One is working to basically rethink surgical training, surgical mission work. And so, surgical mission work has evolved from where we used to fly a patient into our country to get a procedure away from their family, away from their support system. And then we changed the model to where we went to places. And then we changed it again to where we trained in places.

And now what Ohana One is doing is using virtual reality to allow a mentor and a mentee to connect thousands of miles away to get surgical advice and provide the best care. So that truly, it shouldn't matter where a person lives as far as what care they should be able to access. And so, working with this group is something really exciting for me because it really kind of merges some of my interests and passions.

HF: That is so fascinating. I'm really glad you mentioned that. Are they able to see what the physician in the other country is doing during the surgery with remote viewing? Be like, be right there?

JB: Correct. So, they're able to watch it on live surgeries, provide recommendations and they could even do consultations ahead of time with this type of technology. There are training modules that you could build out. There's really a lot that can be done in this space to help people on a global scale.

HF: I think this is a fantastic example of how this technology can really transform how we help people and what we're able to do. Is there anything else that you want to share about some of the jobs that you're doing? I know you've done consulting work as well.

JB: I also enjoy consulting in a real-world evidence company that can help provide much more knowledge around the data that we can pull out of electronic health records so that we are adding to outcomes. Really what is in the unstructured data of a note of what we may write of all the questions we ask our patients and how are you doing today that doesn't show up in the codes we put at the end.

So, I think that there are many opportunities to get involved and there's a lot of digital health startups out there that are growing and building and trying to solve some of the challenges in healthcare.

HF: Excellent. And if people are interested in getting in touch with you, what's the best way to find you, Jennie?

JB: I encourage them to reach out to me on LinkedIn. I am happy to meet with people who are interested in digital health. I love learning from others who are also working in this space. So, feel free.

HF: Oh, that's very generous of you. I'll make sure to link to your LinkedIn in the show notes. I'm also going to put two prior podcasts number 65 and number 55 where we're talking about informatics and the EMR. So, Jennie, do you have any last words of advice for physicians who are out there and wanting to do something that's meaningful to them?

JB: I would say don't be afraid of failure. Failure is our way of learning. And so, in the world of informatics and innovation, they often will say "Fail fast."

HF: Yeah. Yeah. I've heard that.

JB: And I think that part of it. It's okay to step outside of your comfort zone. It's okay if the first go around doesn't work, that you just need to continue to iterate on those ideas and make them better.

HF: Right. And that reminds me of when you were getting all those nos. Because that can feel failure and you can just say, "Okay, well, I have to get my hundred nos and then I'm going to get my yes. So bring them on."

JB: That's right. Bring it on.

HF: Bring it on. All right. Well, thank you so much. This has been a terrific conversation. I'm so happy to have had you here.



JB: It's been my pleasure. Thank you so much.

HF: Thank you, Jennie. All right, guys. Don't forget as always 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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