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**GREG HORN:** Hello. Welcome to the *Health Pulse*, a podcast exploring how analytics in the health and life sciences industry is growing and the convergence that is impacting all our lives. My name is Greg Horn, and I am your host for this series, and as always, we'll be joined by my expert guest to discuss a topical subject. On this week's episode, we're going to turn our attention to something very different with our guest Caitlin Donovan, but before we get to Caitlin, let's just remind you that we, as always, have feedback through our health post podcast email address. So please, send all thoughts, questions, and ideas to [thehealthpulsepodcast@sas.com](mailto:thehealthpulsepodcast@sas.com).

We've been getting quite a few things through, and it's helping us to shape the series for the future and the guests that we're going to be inviting. So all emails are well received. So without further ado, let's turn our attention to today's episode with Caitlin. Caitlin, hi. Thanks for joining us today. Would you like to just do a quick introduction, please?

**CAITLIN DONOVAN:** Absolutely, Greg. It's so nice to be here. I've been very much looking forward to having this conversation today. As you mentioned, my name is Caitlin Donovan, and I am the Global Head of Uber Health. In my role, I am responsible for figuring out how to solve those logistics issues that face so many of our health systems, health insurance companies, and patients in general.

**GREG HORN:** Fantastic, and the thing that we always want to do at the top of the program is to find out something about you, that is, what you do when you're not a Uber, when you are away from the office and relaxing. So what do you do in that time?

**CAITLIN DONOVAN:** I'm lucky enough to have two little boys, a 3 1/2 year old and a 1 1/2 year old. So I'd say, all of my time outside of work has been spent playing with them, and very recently, I think I've been moonlighting as a paleontologist. Because they're so obsessed with dinosaurs, I've learned more about different species of dinosaurs that I didn't even know existed in the past couple of months.

**GREG HORN:** Hey, that's fantastic. I think there's something about boys and dinosaurs that just is such a fascination we see all the time. That's brilliant, and so going back to the Uber piece, so just tell me a little bit about your role today. Tell me a little bit about what you've done prior to Uber, and now, what you're doing as you've moved into this new role.

**CAITLIN DONOVAN:** Absolutely. I couldn't be more excited about this role, because I've had several executive roles at health care companies, ranging the gamut from home health care, durable medical equipment, home infusion, as well as non-emergency transportation, and most recently, was CEO of, actually, an orthodontics group. But across all of that experience, I saw the same pattern. Often what goes wrong in patient care isn't clinical.

It's really what happens when they aren't in front of the clinician. They can't get back to their doctor's appointment. Their prescription didn't show up. They don't have food.

Logistics can fix all of these issues, and I truly believe Uber is uniquely positioned to solve those problems, because we have a bidirectional network and all of the components we need. So my role at Uber Health is really to help connect those dots, use the data and tools that Uber already has to encourage those health care organizations, population health managers, to focus on the individual patient they serve and really the population as a whole by providing solutions to those social determinants of health, either by bringing patients to doctor's appointments or things like prescriptions, DME, and food back to patients.

**GREG HORN:** That's really interesting, and I think we're going to touch on some of those things in more detail in a minute. But why Uber Health for you now? Why did you join that particular organization at this time?

**CAITLIN DONOVAN:** I saw that need, as care moved from an inpatient setting to the home, to solve for all of those last mile logistics, and I viewed Uber as the only player that could really successfully enable that. They not only provide access to care through what we talked about before, that bidirectional logistics network, but really also all of those insights required to say, yes, what you needed got there, or no it didn't. And the power is not just in the ability to serve the individual. That's table stakes.

Can you take an Uber to your doctor's appointment? Sure, but that combination of logistics plus data allows us to serve the population as a whole and at scale. I think it's really important to make a difference in the life of an individual patient, but also make sure that those population health managers have the data and tools they need to reach more patients.

**GREG HORN:** That's really interesting. Now, for a lot of people, they're going to think of Uber as being a taxi service, Uber Eats, that kind of thing. How long has Uber been in the health care space? And you've just referred to it as more of being a logistics company, which I think will be a slight change in idea from what people would associate with Uber.

**CAITLIN DONOVAN:** Yeah. That's a great question. So Uber Health has been around since 2018, and we've always focused on being that HIPAA-secure delivery platform, where those population health managers can order rides on behalf of patients. Not everyone has a smartphone.

Not everyone has an Uber app, and we wanted to make sure to provide that access to care. And you're right, I think people do think about us as logistics or transportation company that is like a taxi service or as Uber Eats that's delivering food. But when you couple those things with the power of the ability to order for someone else, you can string together those dots to really serve the entire logistics need.

**GREG HORN:** So OK, one of the quick questions is, well, then, thinking about what you've just described in terms of using data, now, a lot of people have concerns about data privacy and whether or not their data used in like Uber Health might then be used across in other platforms or for other purposes. What are you thinking about data privacy?

**CAITLIN DONOVAN:** That's a great question. I think table stakes is we have to be HIPAA secure, which we are, and why we have an entirely separate Uber Health platform, to ensure that we are compliant and being very careful with patient data.

**GREG HORN:** OK, and so you would say to somebody that you would be treating their health care data in exactly the same way as their health provider would be.

**CAITLIN DONOVAN:** Exactly.

**GREG HORN:** Fantastic. So how does Uber Health use data to benefit patient populations?

**CAITLIN DONOVAN:** What's really wonderful about our tools-- and we have a couple. We have an integrated API, as well as a dashboard-- is not that you can just order on behalf of a patient to get them what they need, but it's really all about leveraging data to help with managing those exceptions to the rule. When you're a case manager and following multiple patients every day, you don't want to rely on a phone call to hear after the fact that a patient didn't have a ride to a doctor's appointment or that their prescription didn't show up. Because we have that GPS data and combine it with email alerts, when there's been a missed connection, that allows for those population health managers and case managers to see what's gone wrong and use that data to intervene only when an intervention needs to be had which makes better use of their time.

**GREG HORN:** Yeah. Fantastic. So why is data like this so important? In some of the other episodes, we've already touched on whole person care. We've talked about social determinants of health. You've already mentioned social determinants of health. So just talk to me a little bit about why this data is so important.

**CAITLIN DONOVAN:** I think that to fully address social determinants of health, you need to focus on how to do that at scale. And from where I sit, I think that's where case managers, population health managers fit in, and our tool allows health care organizations to make better use of those resources. I've been lucky to meet and manage a lot of case managers, and they each do such a great job caring for individual patients, but that means there's a lot of one-off problem solving.

I remember this one story in particular, when this poor case manager found out that her patient didn't make it to his doctor's appointment, because he was worried that his daughter-- I even remember her name. It was Emily-- had taken too much time off from work. And they spend all their time calling patients to ensure that these logistics problems are solved, but access to predictive data can allow them to extend their reach, work to the top of their license.

So they'd know, Emily can't make it. I need another ride. Yes. That patient got there. If this case manager in particular had ordered a ride through Uber, she would have known the patient didn't make it to the doctor's appointment without having to call multiple people, and then she could have used that remaining time to help someone else and really extend her reach.

**GREG HORN:** What I find very interesting in this whole piece is thinking about how health care systems can save quite a lot of money by having a better logistics pattern. And I cast my mind back. When I was at university, I spent about a week on an emergency ambulance. And I was just amazed at how often that emergency ambulance was being deployed to just go pick up a relatively healthy person and deliver them to the hospital for an appointment which is a very high cost, low reward piece. Is that area the Uber thinks you can do something to make a difference?

**CAITLIN DONOVAN:** The short answer is yes. I do think that we can solve that problem. I think that people have a care team for a reason, and you need to match the type of care you're receiving with the needs of the patient.

Uber, for the most part, is best for low acuity patients, but if you use us where it makes sense to help the ambulatory person make it to their doctor's appointment, coupled with the tracking to show that they got there, you can then make better use of those ambulance, higher level of service resources for the patients that really need them. And I think that's stringing together all of those different types of solutions with the appropriate underlying level of service and the technology that wraps it all together will make a huge impact on both the individual patient receiving care, the right care will show up, but then on the population as a whole, because the patients will get matched with the appropriate level service.

**GREG HORN:** Yeah, and I'm just thinking about some of the other core businesses that Uber is present right now like we know, through a lot of data, that there is a huge amount of food insecurity in the US, but in other countries as well. How can someone like an Uber be involved in alleviating food security? Is that something you're looking at right now? Is that something you have data on even?

**CAITLIN DONOVAN:** Absolutely, it is. I think that coming back to the concept of stringing together the right care team and making it easy for population health managers to think about all of the logistics that folks need to address those social determinants of health and access to care, food is a big piece of that. And so if we can use our underlying resources, the technology we have to track deliveries, we can make it so that we can address food insecurity, as well as transportation access, all from the same platform, and that's where we're headed.

**GREG HORN:** A lot of times, people think the data is being the thing to solve all problems. Do you think all patients will benefit? You've alluded to this already a bit, but let's get a little bit more into this. Can you see why this would help all patients, or is there like a subset that we're particularly going to go for?

**CAITLIN DONOVAN:** I do think it helps all patients, because you can do a couple of things with data. You can help find repeatable patterns to make sure you're following the right protocols and then put that in the hands of a care manager, a clinician, et cetera, to make sure that protocol becomes individualized. And too, you can identify those patients that will be the exception to the rule, so that we can use our precious administrative resources a little bit better.

And when you think about that at scale, you can have systemic solutions, not just point-of-care pilots that address transportation access or food access. You can really string it all together, and as I said before, that's really what I'm aiming to do at Uber. Use that data, string together all of the alerts, and all of the things that patients need to allow for intervention both at the individual level and for the population at scale.

**GREG HORN:** OK. So that's a really interesting point you've brought up there, because it's just got me thinking forward there. One of the big issues in health care, often, can be accessed to prescription medication, and what you've just talked about is having a data set that would effectively let you know that I went to a doctor the next day. I was given a prescription, and now it's a month later, and I should be refilling that prescription. Can you see a service where you would mine that data to stop me from missing my prescription for some reason or to raise an alert that I hadn't filled a prescription or even maybe to just proactively deliver that prescription to my door?

**CAITLIN DONOVAN:** That's a great question. I do think prescription delivery is a piece of this puzzle. Right? If you think about the things that cause admissions to the hospital or re-admissions to the hospital, it's prescription didn't show up. It's home health worker didn't show up. DME didn't show up. I don't have food, or I can't get back to the doctor's office.

And so I do think that we need a solution that allows you to order all those types of things, surface the data around whether or not it made it there, whether that's the patient making it back to the doctors or the service making it to the patient. And I do think that a natural extension of that is exactly what you described, looking at the patient care plan, being more proactive around what do they need, and enabling that protocol to order, as opposed to intervening when it's too late. To me, the question is who takes the action on the data, and I think that, from my perspective, that's why we are looking to partner with those case managers, care managers, population health managers that I think are better suited to devise those very specific clinical protocols, and we can then be the executioner of that. How do you get it delivered? How do you bring the patient back in, et cetera?

**GREG HORN:** Yeah, because to me, as you get into this conversation, and it was really kicked off in me when you started talking about a logistics company. And then I was starting to think about a slightly different way to how I have before around Uber. And so that in my head now says to me, wherever you have data, and you have a logistical problem, then you're going to come together very nicely. And so in my mind, I can think of like 100 different things, particularly around chronic care and the prevention of getting people into acute care.

Like how do you stop people doing that? Can you think of other examples where that data, or any particular data that you would like to have access to, that would help you to be able to deliver that more easily?

**CAITLIN DONOVAN:** I think you're spot on. I think our core markets and our core customers are really anyone that's taking a specific type of risk on a patient. Chronic care you mentioned. Post acute care is another.

There's so many new primary care groups that, sure, they might manage some chronic patients but may have less acuity but still have this need. And I think that the data they have is all similar around what their patients' needs are. The needs might be different, but how you solve those needs ultimately comes down to logistics.

**GREG HORN:** Because one of the other challenges-- and you just got to think about this-- has been how do you get patients to go to the right health care setting as well. Because too often, if I am in a low income situation, I don't have access to primary care, it's very easy for me to just call 9-1-1, get an ambulance, get dropped at the emergency department, have a consultation. It's not as easy for me to get primary care, access to primary care. So how do you see that maybe Uber could be a conduit to enable better access to primary care?

**CAITLIN DONOVAN:** I think that what you said is really interesting, because it comes back to data. There's data that's a leading indicator of who may have a care gap, that if you mine it appropriately, you can then take an action that solves for the logistics, the access issues, the social determinants of health that are preventing someone from receiving the care they need. In that particular example, if there's a primary care gap, I think you can mine things like emergency room claims.

Figure out who's a frequent flyer in the emergency room, who may be using that for primary care, and then partner with that risk-bearing entity-- in most cases the insurance plan themselves-- to figure out a campaign to say, these folks need primary care. What's the barrier? Can we get them an Uber to see a doctor that's local to them, will provide them better care, and saves cost to the system while providing a better outcome for that patient?

**GREG HORN:** Fantastic. Now, every single lecture, conference, anything that I have been to in the last two years and has talked about disruption in the health care space, has always at some point put a picture of Uber and Airbnb on the screen. That's typically the thing that we get at every single conference we go to. So Uber has this name for disruption. You're going to bring disruption to the health care space, I'm sure. If you had a crystal ball or a magic wand, and you could think about where are you going to be in two or three years from now, what kinds of disruptions would you like to see in place?

**CAITLIN** I think it's really along the lines of what we described. I'd love to see Uber as solving all of the logistics issues.

**DONOVAN:** Right now, we play in those spaces, but as you mentioned at the top of this podcast, are doing many more rides back to doctor's offices than delivery of things to patients.

So that's number one, and then number two is I think it's really interesting how many ideas there are out there to solve very specific access issues in health care. And we have an opportunity, given the network we have, the technology we have, to connect those dots. So make Uber both the underlying provider and the technology that connects all of the single point solutions into that more systemic solution that can address the entirety of the problem.

**GREG HORN:** Interesting. Thanks very much. One more question before we close then. If you think about how you're going to interact with health care systems, do you see this as being something that's very much targeted? Because you are in a global position, so do you see this very targeted to the US, or do you think-- Uber has spread globally, generally, can you see Uber playing in this space worldwide? And that means in government systems and other health care systems, as you expand.

**CAITLIN** Absolutely. I think right now, we are predominantly United States focused, but we have global reach. And I think **DONOVAN:** that all health systems, no matter how they're set up, whether it's an NHS system, a system that looks like the US, somewhere in between, we all want to do the same thing which is keep individual patients healthy and do that in a way that is very scalable, and that's the problem we're trying to solve. So that's a long way of saying, yes, I fully do expect us to be international as well.

**GREG HORN:** Brilliant. Caitlin, thank you very much for joining me today. It's been really interesting having a chat with you, and I think our listeners will find it really interesting too. I think the whole concept that Caitlin brought up there around this being a logistics challenge, and how do we solve it like a logistics challenge is very interesting for all our health care and our life sciences listeners. And so I'd be really keen to get some feedback from you at our email address, [thehealthpulsepodcast@SAS.com](mailto:thehealthpulsepodcast@SAS.com).

Please, feel free to comment on any of the things that Caitlin brought up today, and we can bring those into a future episode. Thank you once again, Caitlin, for joining me today, and thank you, listeners, for listening to the *Health Pulse*. I've been your host, Greg Horn, please do like and subscribe to receive further episodes, and have a great week. Thanks very much. Goodbye.

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