

Ray Rogers ([00:06](#)):

I am Ray Rogers.

Annie Evans ([00:07](#)):

And I'm Annie Evans.

Ray Rogers ([00:09](#)):

You're listening to Fix This, a podcast exploring tech ideas and solutions to some of today's largest challenges.

Annie Evans ([00:16](#)):

Around the world, individuals seek medical help or assistance between six to 13 times a year. In the United States, this number is significantly lower, with an individual visiting the doctor on average three times a year. So, what's driving this difference? In the US, there are a number of barriers. First, healthcare can be difficult to access and costly. Second, making time for a healthcare appointment in today's busy world can be difficult and often daunting. And third, navigating a team of doctors or different specialists can be extremely overwhelming.

([00:53](#)):

But with Amazon Web Services (AWS), ZiphyCare is removing these barriers from healthcare by blending in-person and virtual care to reach patients wherever they already are. ZiphyCare is up-leveling the telehealth and healthcare experience by deploying a medical assistant directly to a patient's home to act as a literal extension of the physician's arm. And they can even provide Wi-Fi, laptops, and any other technical equipment needed to facilitate the visit.

([01:22](#)):

With AWS, ZiphyCare can expand patients' access to care and reach vulnerable populations that historically have struggled with access to healthcare. To learn more about how ZiphyCare is innovating within the telehealth space to make it more inclusive and accessible, I sat down with Dr. Rada Sumareva, founder and CEO of ZiphyCare. Take a listen.

Rada Sumareva ([01:45](#)):

We founded ZiphyCare in 2018 with the goal of improving access to care at home, particularly for vulnerable communities, and to help payers and large provider organizations manage their high-risk patients better.

([01:59](#)):

Our technology platform addresses the needs of severely ill patients while providing high-quality care at the fraction of the cost. ZiphyCare stands for zip physician, with zip means fast and zip means zip code. On top of bringing cutting-edge technologies to every home, we also work closely with communities to help engage patients.

([02:22](#)):

I come from an immigrant community. I was also part of different ventures that address the needs of at-risk communities' healthcare improvement. I was always interested in access to care and in innovative programs for at-risk communities. Through different lenses of provider of payers, organization, patient advocate, I could see the glitches that existed in current system, which did not necessarily provide proper access to care. Also did not educate patient enough to be in charge of their health status.

Annie Evans ([02:57](#)):

What is the main challenge of healthcare that the organization is trying to improve for patients?

Rada Sumareva ([03:04](#)):

So, we have about 134 million of Americans who either have some degree of disability, one or more chronic diseases, or live in under-resourced communities. And it's not just one, it's actually a couple of major barriers, I would say, to proper care. One is access to care and the other one is health literacy. So ZiphyCare is addressing these two big barriers to proper care.

Annie Evans ([03:32](#)):

Can you walk us through how ZiphyCare works and the process of start to finish of how one would engage in how this looks on the individual level?

Rada Sumareva ([03:43](#)):

We send a medical assistant to the patient's home. When they arrive to patient's home, they open the toolkit, they become an extension of doctor's arm. They apply stethoscope to patient's chest. The physician is listening to the heart and lung sound, examines throat, examines the skin. So basically, everything that physicians are using during their visit with the patient, except physician is remote and there is an MA who is next to the patient who helps navigate this exam. This MA is also licensed phlebotomist, so they can draw blood and doctor has access to the lab work, which they used to do in their offices.

([04:24](#)):

It's very efficient for the physician because they can see multiple patients per unit of time, in a similar flow as in their brick-and-mortar facilities. Imagine multiple virtual rooms and they walk in and out of these virtual rooms prompted by the medical assistant who is by the patient, and they invite the doctor to join the room when patient is full ready for doctor's exam.

([04:49](#)):

We also have a very sophisticated platform that enables the deployment of personnel to patient's home. It's a three-way scheduler that connects physician with medical assistant with the patient. The patient knows exactly where the medical assistant is. If they're coming late, the physician is notified. There are forms that this platform is producing. All of the data that's collected during the exam, all the sounds of the stethoscope, images of the EKG, images of the throat, of the wound, everything is synced in real time into the patient's file and could be used later by the same physician, could be shared with other care team members.

([05:28](#)):

So, this enables a true continuity of care that is so much needed. Because one of the problems that I did not discuss is specialties or different medical fields are advancing. Unfortunately, there is less and less communication between different providers. And it's very hard to navigate the system for the person who is seen by two specialists and a primary care provider.

([05:52](#)):

What we are accomplishing through our platform is bringing all the patient's data, including the exam data, on the same platform and bringing all of the specialists, all of the medical

experts, care team members to actually collaborate. It's an early statistic, but I think it shows that the likelihood of patient keeping an appointment is much higher if the visit happens at the patient's home. And we are talking about people from under-resourced communities, people with low compliance. So, I think by coming to the patient's home, we really improve the chances for the doctor to connect with the patient.

Annie Evans ([06:34](#)):

How does building on AWS make this care possible?

Rada Sumareva ([06:39](#)):

Thank you, AWS, for your partnership. We rely on AWS for scaling, operations, capabilities such as launching multiple clients across the regions, maintaining the highest level of security, maintaining the ease of operations. So, all of it is done through our work with AWS.

Annie Evans ([06:58](#)):

And thinking about that impact, can you share any anecdotes or success stories that you've seen ZiphyCare in action making that difference?

Rada Sumareva ([07:07](#)):

During COVID, we were called to a home of 45-year-old autistic patient from Mandarin-speaking community. He spent a few months in the hospital because it was challenging to develop care-at-home plan for this patient. He was discharged on March 1st of 2020 and his follow-up with the primary care practitioner was scheduled for April 5th. Because of COVID, the primary care office was closed and the nurse from Social Service Agency learned about our services. And within 45 minutes, not only the patient was fully examined, including drawing blood, but also, we were able to connect different care team members and they were able to create a real efficient care-at-home plan for this patient.

Annie Evans ([07:54](#)):

How do you leverage or work with other organizations to make the care accessible and to reach these patients directly?

Rada Sumareva ([08:01](#)):

We don't work directly with patients. We work with healthcare entities that are connected to a subset of patients. We work with payer organizations, we work with IPAs, hospitals. We help these organizations manage their patients better. Model one is when we adjust the technology vendor. We train physicians and in-the-field people, and support them on the technology side. And another model, we do have our service arms operating in New York, New Jersey, and Florida, all approved by Medicaid and Medicare in respective states. And we engaged with payer organizations or IPAs as a practice. They assign a subset of patients to us and we help them manage these cohorts.

Annie Evans ([08:53](#)):

What's next? What do you see on the horizon? How do you hope to scale and continue to grow?

Rada Sumareva ([08:59](#)):

Right. So first, footprints were mostly utilizing our own practice. But as we scale, and we started seeing this in our contracts as payer organizations, once they see the value of our solution, they connect us with their big providers and we help onboard those big providers with our technology. So, the scale will definitely go through SaaS and in two or three years, we envision most of our business coming through platform as a service versus practice as a service.

Annie Evans ([09:36](#)):

If you liked today's episode, listen back to episode 62, improving transplant patients outcomes using AWS, to hear an AWS IMAGINE Grant winner explain how it uses the cloud to speed the time to find donor matches, reduce human error, and model patient outcomes to make near real-time suggestions for those facing transplant operations. And remember to join the conversation on social media with #FixThis by AWS. And a huge thank you to our guest, Dr. Rada Sumareva.

Ray Rogers ([10:07](#)):

And thank you for tuning in. If liked today's show, please remember to subscribe, rate, review, and share. We'll be here on the next one.