



Episode 5 — Helpsy

[MUSIC PLAYING]

And I think with the solution what we are seeing is that people feel that sense of peace, security that they have some who's there.

[MUSIC PLAYING]

Welcome to The Cure For the Common Company, a podcast series looking at innovations in the world of employee health and well-being. Steve Blumenfield and Lindsey Conon from Willis Towers Watson's health and benefits practice are talking to entrepreneurs and industry leaders who break new ground to meet the needs of today's workforce and deliver benefits solutions that can separate employers from the pack.

[MUSIC PLAYING]

Sangeeta, welcome.

Thank you, Steve. It's pleasure to be here.

Pleasure to have you, as well. Hi, everybody. This is Steve Blumenfield, with my colleague--

Lindsey Conon.

We're joined here today by Sangeeta Agarawal, the CEO and founder of Helpsy, a whole health and artificial intelligence cancer nurse. Please tell us a little bit about your founding story, to start us off.

Sure, Steve. Several years ago, when I was a computer engineer, I faced some health challenges in my own life, that really affected my quality of life. And it made me realize how important it is to have good health. And in trying to find my own health, I went back and started to learn about Eastern and Western medicine, and really look at what are the options that are out there that are effective.

And as I found my health, I looked around and I saw that many of us struggle with our health issues. So I decided that I'm going to devote the rest of my life to empowering others to have good quality of life. So I changed career, went into health care. And for the last over 10 years, I've been in health doing both Eastern and Western medicine, on the Western side, as a cancer nurse. And I worked at Mayo Clinic, Stanford, and then at UCSF, combining the work of supportive care along with mainstream cancer care.

And we saw really good results in the studies that we did. So that enabled me to have conviction that we could do this at a large scale. So with the support of UCSF and NSF, we were able to spin out a company whose goal is to empower everyone to be able to have good quality of life, and be able to do this at scale, especially with focus on cancer patients.

Sounds like you took your background-- your technology background, your understanding of artificial intelligence from working at one of the greatest companies and some of the greatest institution there, combined it with a passion to do something good for the world, and have created something really special. Can you tell us a little bit about what Helpsy does?

For sure. So Helpsy's goal is to empower people to know what to do. So what we are able to do is create a whole health care plan for a person based on their preferences, their treatments, and as many factors as possible that is personalized for them. So the system automatically creates a whole health care plan for them that addresses their physical needs, emotional needs, social needs as well as supportive care services like transportation, finances, et cetera.

So both the patient and the family have this information and support system from the very beginning. And then the artificial intelligence nurse, SAN, supports the patient throughout the journey. It's a chat bot, so it anticipates patients' needs. It empathizes with them. It educates them. It stays engaged with them. And it also escalates the care, if needed, and then continues to support them for the rest of their life.

Sangeeta, help us bring it to life at that next level. What is that experience like? And what exactly is SAN?

Well, SAN is a virtual replica of me as a nurse. So I literally cloned my brain as a nurse on to a solution.

So it's short for Sangeeta, SAN.

It's short for Sangeeta.

I have never--

You didn't realize that?

--pieced that together. All right.

[LAUGHTER]

There is no IQ requirement for Cure For the Common Company.

[LAUGHTER]

Well, it actually stands for Symptom Management and Navigation.

[LAUGHTER]

Symptom Management Navigation? But that doesn't spell SAN.

Symptom Management and--

Oh.

Symptom and Navigation.

--Management, as well.

But it's also your nickname.

Yeah. It's meant to be a way that I-- a part of me, a part of my soul is with, is with the person we're supporting.

Wow. Very powerful.

And I also like its very gender neutral, as well. Right? So from some people's perspective, whether the chat bot is male or female, it just depends on your interpretation of that individual.

Right. And whichever clinician it using it. So as we work with different health organizations and different providers, they can put whatever avatar they want. They can name it whatever they want. So then--

Oh, so they can white label it appropriately, as well.

Yeah. So you can have Lindsey--

[INTERPOSING VOICES]

Lynn.

That's my mother's name.

Lynn Bot.

Oh, is that right?

Yes, my mother's name is Lynn.

Oh, wow.

Lindsey, not to confuse us.

All right. Back to our task at hand.

[LAUGHTER]

Can you tell me a little bit about how Helpsy helps employers or other health plans or insurers work with their employees and members?

Sure. So as we know, one in two, one in three people have cancer in their lifetime. So as employees, you're either a cancer patient at some point or you are taking care of a loved one with cancer. Both of these have a lot of need and demand on the person's life.

Yeah, which it's just an incredible-- incredibly demanding time.

Yeah. It's a very, very, very demanding time on multiple factors. So what we are able to do is whenever that need is identified, when an employee applies for a leave or a claim for cancer, either for themselves or for their loved one, then the employer is able to offer our solution as a companion product to the employee or to the family member. And we are able to take their information and then, like a concierge, support them throughout the journey, both to the employee and their loved ones.

And to make this really real for me, what types of information is the individual or their family member putting in to Helpsy that really helps the system to personalize a treatment protocol program care support for them?

Sure. So it starts with basic demographic and contact information like your name, email address, phone number. Do you want to be contacted over email, like a web-based or on your phone as an app? Information about your culture, your age, your preferences-- like, for example, let's say I am Indian origin. So my preference for exercise may be yoga. And nutrition, my preference would be more Indian-based foods.

So it takes that preference. It also takes information about the patient's cancer, what stage they are, what kind of treatments they are getting. And if they want to add anything about their family members, it takes that information. It asks them about what kind of resources and support that somebody may want.

So, for example, there may be someone who needs support for transportation. Another person may not need that. So it tries to customize on many different levels. But, again, the goal of this is that we ask just very few questions and be able to give them something that's valuable right away. So the information collection is also spaced out over time, based on what is needed and when.

So I remember seeing a demo of Helpsy. And it's very, very compelling. We'd love to bring that to life through maybe an example. Could you give us a day in the life of a cancer patient, how they'd interact, through what device, in what way, and to and from the exchange they have with Helpsy? With SAN, I guess.

Yeah.

[LAUGHTER]

So the way SAN would interact with the patient-- so let's say the patient's name is Maria. Maria has breast cancer. And she has two children, who are in school. She took time off from work. She's getting chemotherapy and surgery.

So now Maria is supposed to get a treatment of cisplatin, let's say, two days from now. So SAN is going to check in with Maria, if she's going to be able to make it to the appointment. Does she need any resources? So let's see if there's any need for transportation or there is need for additional support resources when Maria is home, she's going to ask for all those, if anything is needed to support with going to the appointment.

Once that's confirmed, then she's going to educate Maria about the treatment that's coming up. So why is the treatment important? What do you need to know about the treatment you're going to be getting? What can you expect to feel the day of, before, after? What are the side effects to expect, but also how to manage them. And some inspiring stories from other people who have been through it, so Maria feels a lot more prepared going in for what's to come.

Then again, she's going to support and remind them on the day of, what to expect, what to take along with you that can be helpful. And then for next few days, many times Maria might be feeling nauseous. She may not feel good. So, again, SAN is going to be-- the bot nurse is going to check in with Maria, remind her that it's OK to feel this way. She's going to ask how Maria is feeling, give real time recommendations.

She's able to guide Maria on what to eat, that Maria has already indicated from her cultural preferences. So that way she's going to help Maria. Now let's say--

Is this happening-- I'm sorry. Just to bring more life, is this happening within an app environment as a asynchronous chat?

Mm-hmm.

Is that what it's like?

Yeah. So it's happening within the app as a chat.

So it's text, essentially, on the screen within the app.

Yeah. Right. Right. And there will be like, checklists and reminders.

OK. Tools will pop up as needed.

Yeah. Tools, education, reminders, videos will pop up as--

Videos, too. OK, great.

Can you talk a little bit about what you're seeing, how often people are interacting, at what point they're actually signing up for SAN or for Helpsy versus where you would ideally like them to sign up? So can you just give us a little bit of information about that?

Our goal with engagement is a little bit different when it comes to other solutions. Our goal is not to get people addicted to the platform. And it's not endless scrolling. That's not our goal, nor is it daily medication reminder. It's truly to be pervasive, to be in the background, and to support people as and when it's needed. Sometimes there's more help needed, other times it's less.

So during active treatment when people start, that time there is more engagement. So at that time, people are engaging several times a week, once or more during the week, during the first few weeks of treatment. Once they stabilize in the treatment, then it drops based on if they're high utilizers of service. They may have more symptoms, and they'll be engaging more.

If they are not having as many issues then they are going to be engaging a couple of times a month. But whenever they have certain issue, then at that time we are there. We are around, and they generally tend to engage a lot more. And once they become survivor, then again, we remind them about their screenings and important information. So they tend to engage. Typically, what we see is that whenever we send them information that's relevant to them, people have a high uptake, so between 50% to 70% uptake in click through for the information that we send them.

That's really awesome. And are you seeing among populations that it's people with specific types of cancer or people of specific age brackets or-- I guess I have a hypothesis in my head that it would probably be women more than men. But maybe both men and women access the platforms similarly. So just in terms of your users in who seems to be benefiting, it seems like a high percentage. But are there certain specific cohorts you're seeing more uptake from than others?

Yeah. It's been really fascinating to observe that. So we're kind of in the early stages of this. So I think as we have more data, we'll be able to observe more patterns. Definitely, women tend to use more than men, because they seek out information.

What we have seen, though, is that going where you provide an education and information link, then men do tend to click on it and go through and read it. Women will more proactively look for information. So there's a bit of difference that we have seen there.

So men-- I just want to get that through my thick men skull for a second.

[LAUGHTER]

So women want to seek out information. And if a man is using the app, is engaging with SAN and you present something, you're teeing something up, the guys may click on it. So we're basically like Pavlov's dogs.

[LAUGHTER]

[INAUDIBLE] OK. Got it.

[LAUGHS] Yeah. I think they're very good at following through on.

[LAUGHTER]

That's a positive way to say it. OK. Understand my place. Got it.

[LAUGHTER]

What was interesting to observe also was age demographic. So there is, I think, this preconceived notion that young people would engage more and older people would engage lesser. What we have seen is that once elderly are or older people are set up with the platform and they learn how to use it, then they are much more engaged than younger people. Because they take those advice more seriously, and--

They probably have more health issues.

Yeah.

They have more health issues. They are much more engaged.

Young people tend to think they're still--

Invincible.

--indestructible. Yeah.

Right.

[LAUGHTER] Yeah. So what we've seen is they actually tend to engage more. And they're very comfortable with text, because I think they're used to texting back and forth with their grandchildren now. So we find that they're quite comfortable with that. What we have also seen, which has been really satisfying for us, is that people of different ethnicities and people with low socioeconomic status tend to engage and use the platform a lot more.

Is that right?

Yeah. Because they're getting access to their information when they have that time to absorb it. And it's culturally relevant or culturally preferred information for them, as well. So they tend to engage with it more and are much more adherent with following through on it. So those are some things we are seeing. On the family side what we see also is a lot of times family is involved. So they will look up what's going on and they'll see how they can help their loved one, which again, is empowering for them, as well.

We're looking five years into the future. What would be the headline of a story on Helpsy Health in your favorite business magazine?

In five years, the headline I'm hoping for is Helpsy provides actionable hope for healing at your fingertips.

I like that.

Yeah.

I'm getting goose bumps already. Or it could be cold in the studio.

[LAUGHTER]

If Helpsy were an animal, what would it be?

It would be a lioness.

A lioness.

Because lioness protects her family. She's powerful at the same time she's a servant to the community. She's strong, but she's humble. She's organized. She's brave.

I'm learning so much about lionesses. That's amazing.

I know.

They're pretty impressive.

[LAUGHS] So I would think that Helpsy, if you compare it to an animal, it would be a lioness.

You sound very proud.

That's awesome.

Yeah. I'm curious now. My mind mind's going to what's the employer experience? How do you get this to someone? I'm imagining as a population, people with cancer-- sometimes everyone knows because they want to share. Sometimes it's very, very private.

So how did you make it available to an employer? I know you're still pretty early in your work. So if this isn't applicable yet for employers, just put it to the institution level. How do you get it to the right people?

So actually the Employer Benefit Managers are amazing assets. They really, really care.

You're just kissing up right now with the audience.

[LAUGHTER]

But I think it works. [INAUDIBLE] Yeah, go for it.

They really care about their employees. They want to provide solutions and services that can help. So when they have access to these resources, because they are the ones who employee goes to when they are diagnosed with cancer or their loved ones, saying oh, my god. I got this. Now what am I supposed to do? I think I need to take time off or I'm thinking of taking time off. So at the time when they're processing the claim, processing leave or trying to give them other resources, they're able to provide this as a companion resource.

OK. And is it a code that they're given that they then log into it home? How do they give it to them, if you will?

So there are different ways, depending on how employers want to use it. In some cases when they have a claim solution, they give us a warm transfer. So they will do a handoff to us saying, OK, this person has been approved for this claim or they are having this problem. So let me transfer the call to you. So we will take the call. We will ask them questions, and set them up right away.

OK. You have a live concierge, too.

Yeah.

Is that just for the setup? When does that good accessed?

Customer service for set up.

OK, for set up.

Yeah.

Customer service issues with-- you' just using SAN.

Yeah.

OK.

Right. So we'll set them up at that time. And then there are others who do it as automated solutions. So we can either give them a list of codes, so they would give the code with the information insert to the

employee, or big feed us list of the employees that they want us to give them the platform. So then we will reach out to them. We will set them up to the phone call, all of those.

How do you interact with the rest of the health care system? Is there any interaction with the nurses, doctors, other care coordinators that the member may be accessing?

Yes. So from the employer perspective itself, the employee can add their family members to the plan so they can access it. They can also add their provider to their plan to then log in, so they will be able to access and use the same information. They can communicate with the provider through our system.

Oh, is that right?

Mm-hmm.

And so the provider has a SAN system, as well?

Yes. If the provider uses the system, then they're able to come in and get--

It's got to be tough to try to get both sides to use it.

Yeah.

So it's great if you can become that platform.

Right.

Is that part of your vision, to be on both sides of this?

Yes, absolutely it is part of the greater vision to have that. So we are actually working with payers, as well, with health plans, so that we can provide access to their members, to organizations. We've also applied for Medicare reimbursement and codes.

Great.

So if those things come through, then we would be able to integrate with providers and--

That'd be great.

--provide services.

Do you have any early indications of success, any metrics? Whether it's cost savings, whether it's pain reduction, time in care, in a hospital-- anything at all?

Yeah. Lots of it, actually.

Great.

So based on the studies that we have and the data-- we have done so far three clinical studies. So we have seen 30% to 80% improvement across the symptom cluster. So by symptom cluster, I mean the

physical symptoms like pain, and sleep, nausea, but also anxiety, depression, and overall quality of life, and feeling sense of control.

So in most of those we are seeing that almost every member is having between 30% to 80% improvement in those symptoms compared to control. In addition to that, what we are seeing is that it is reducing the amount of time off that people have to take. Because it's reducing treatment disruptions, it's reducing emergency department visits. So there is cost saving there, and saving both to the employer and to the employee, plus allowing them to come back to work sooner. So we are seeing anywhere between seven to 14 days coming back to work sooner.

Return to work. Yeah.

Return to work on those.

It'd be great if at some point you can quantify some of those things. Return to work, that's clear. But if you can quantify the cost of the typical patient versus the patient getting help through Helpsy SAN, I think a lot of employers value learning that.

Yes. So we have some early indications of those. But as we do more deployments, we will have more numbers. So, for example, on average most cancer patients will have one or more emergency department visit. About half of those are preventable. And we are seeing that we are able to prevent many of those.

So those visits typically cost between \$5,000 to \$50,000 per visit, based on the demand of issue. So you can--

Sure.

If you assume even at the lower end of that, that's about \$5,000. Most people tend to have additional 20 days, at least, in additional time for return to work in delay. So again, with our solution what we are seeing is that we are able to reduce those disruptions. So what we are seeing, as of right now, early indicators is that about five to seven days are reduced in return to work.

So if you assume disability is \$100 a day, that itself is \$500 to \$700 that are saved. Plus, you are enabling the employee to come back to work sooner. So you're reducing absenteeism, and you're increasing presenteeism for them.

How many members have actually utilized your platform?

So far we have 23,000 patients who have used the platform to manage over 100,000 symptoms.

Wow. That's just great. That must be very gratifying.

Yeah. It is very gratifying to give hope. Yeah.

To give hope.

Yeah, to give actionable hope. I came into health care to do that. And then when I saw my patients suffering, it really broke my heart. I saw people I took care of, and they had these complications. And they

had to sell their home or they had to get divorced because they didn't want to bankrupt their family. They couldn't send their kids to school. Sometimes families left them.

Wow.

And in the case of clinical trials, then these problems happened sometimes patients became ineligible for the clinical trial. And I had to tell them that they're ineligible. And I've taken away the last chance of life from them for something that could have been prevented. So it used to just break my heart.

It still does. I mean, you can see--

[LAUGHTER]

--you're fighting back the tears here. You clearly a very compassionate person. And I'm sure you infused SAN with some of that sensibility, as well.

Yeah. So to be able to do something and prevent such problems, [INAUDIBLE].

Now we need some tissues.

[LAUGHTER]

All right. Everybody really needs some tissues right now.

So I think one of the things we often hear from employers is that cancer and prevalence of cancer and spend related to cancer is usually in the top five of any employer. And then you combine, as you're saying, the short-term disability with it. And I would venture that I often hear from some of our employer clients, there isn't much out there. I don't know how to solve this problem, because the problem is so giant and huge. So it seems to me that you're--

It's giant and huge.

[LAUGHTER]

Let's be clear. It's not just giant and it's not just huge. That's really big.

Yeah.

They multiply each other.

And so I really just want to maybe focus in on a little on like, what do you think are the things that allow you to solve the problems of your members? Are there three or four things that make Helpsy magical?

What's your secret sauce, kind of thing?

Yeah. Kind of like, what's your secret sauce? Because you'll hear employers say, well, this solution over there really just focuses on nutrition. This solution over here really just focuses on the caregiving support around it.

This is for doctor appointment scheduling.

Yeah, exactly. This is for doctor appointment scheduling. This is for something else that not everybody deals with. Everybody's really focused on such a--

[INAUDIBLE] [? really good. ?]

--yeah, a niche part of sort of the cancer journey. So what are the few things that make SAN and Helpsy maybe the silver bullet? Maybe? Maybe?

What you're describing is the issue I struggled with when I started the company. Because people would say, well, what is the one thing you do? I was like, well, we do this and we do this. And then people will-- because we work with a lot of patient advocates and a lot of clinicians, so they will say, well, we need this so then we would add that.

So when I would go talk to VC, and they say, well, what does your company do? And we'll say, we do these 10 things. And they'll say, that doesn't make any sense. And finally, I just started to realize more and more, I essentially cloned my brain as a nurse onto the solution.

So it's a nurse. It does the things that I would do as a nurse, what my colleagues would do, what other supportive care staff, like social workers and nutritionists, would do. So I think it's an encompassing solution. If I had to say what's different about it, is that it's always by your side. It's the continuity of care and support throughout the person's life.

It's a companion for your cancer journey.

Right. It's a companion. So that's what's different about it. And it tries to honor people for who they are, what they are, where they are in life. So whether it's about their culture or their age or technology, comfort or what have you-- so we have tried to take all those pieces into consideration.

So by connect, what I mean is that if we notice that the person's condition is declining, then based on the are the partnership we have with the organization, we'll be able to transition from high tech, which is the SAN bot nurse, to high touch, which is a real clinician.

Oh, so you do have staff who can also interact with members.

So we will connect them to the program that the employer already has.

I see.

They might have employer assistance program--

I see.

--or nurse line or something.

OK.

So we can connect to those or we can tell them to talk to their provider.

How do you see that symptom decline? Is the patient entering symptoms? How do you know?

So some are we are asking them questions. Some, they are entering some. They are just visiting certain pages, so we have cookies, so we are able to see where they're going, what they're doing. And based on that or based on their symptoms, we are able to anticipate, so a couple of different factors.

What type of employers, if any, are really the right fit? What type of employers is maybe not ready, are the best fit for Helpsy?

So I think large employers are a really good fit. Because on average, 5% or so of the population has cancer. So if you look at people who have cancer or they may be caring for people who have cancer, for large employers that's a large enough number. Because we know that employee benefits managers are really swamped. They have a lot to handle, a lot of things to do.

So if it's a small company, it may not be as much worthwhile for their time. So for that reason, I think large employers is really good. For self-insured employers, it's, again, very valuable. Because not only are you providing great service to your employees, but you're also saving in the process. So it's really good for large employers and self-insured employers.

It's good for employers who are comfortable with technology. So it would be good for those. The ones that it may not-- we may not be as ready yet to sell would be international employers, since we are still working on deploying in multiple countries, and setting up the regulations, and things like that.

Sangeeta, this isn't your first rodeo. Right? You're not brand new to the startup world, are you?

Yes. I'm not brand new to the startup world. When I was a computer engineer, I was at a startup working on video streaming for the phone. So I was among the first few people in the world to build that technology. And again, it was out of passion for sharing truth with the world, being able to see truth as it is, and being able to connect people. And that drove me to build things that could bridge that connection. And I was very fortunate to work on it. And then the company was acquired by Skype. I used to call it Skype Mobile, and then it was eventually acquired by Skype.

Wow. That's impressive.

So you know I'm crazy, that way when I pick a problem, I--

[LAUGHTER]

You're tenacious.

--can't let it go.

You're tenacious. If Helpsy were a mythological creature, let's a Greek god or goddess or whatever realm you like to think about, what might that be?

So in our Hindu mythology we learn about this book of Ramayana, which is one of our scriptures. In the book of Ramayana, there is a Hanuman character, Hanuman. Hanuman is a monkey. He serves the King.

So the Hanuman monkey king, Hanuman monkey, his main focus is on devotion. His whole life and character is about devotion and about helping Lord Rama with defeating the war or with defeating the challenges that he's facing, and always being by his side through all the ups and downs. So if I have to

think of mythological creature, I would say it would be Hanuman. Because he's service oriented, he's loyal. He will put his own life in front to save those of the people that he loves.

Wow.

Wow.

Those are some great answers.

So I know we talked to you a little bit about the day in the life of a cancer patient using Helpsy. But how does that compare to a cancer patient that doesn't have Helpsy.

So for cancer patients that didn't have Helpsy, when I took care of them, a lot of times the challenge they faced was that they have very little time with the clinical team. So even though we know a lot of information, we unfortunately don't have enough time to tell them all this information and to guide them. So they're going through something that changed their world.

They are in extreme fear, panic. They're having to make very tough decisions. So a lot of times they're lacking in information on what to do. So they're jumping between different information, between different providers, looking a lot online. And then there are so many people giving them so much advice, which sometimes feels overwhelming.

It's not even correct sometimes.

And sometimes it's not even--

Often times.

A lot of times, it's not correct. Then you have your loved ones. They want to help you, but they don't know how to help you.

[LAUGHTER]

If you just eat this three times a day-- ignore the green color.

It will be OK. So they're just going through this chaos and mess without having a map of what to do and how to do. And it's scary. Plus, they don't know if the map is going to get them somewhere or it will not get them somewhere. The bumps that they're experiencing, is that normal or is it not normal?

Because a lot of times when you have cancer, you're not at work. You don't know other people. It's not like a class where you all decided to take a course together. So it may feel like you are the only one who is going through it. So it feels very lonely and heavy. So people really, really struggle. And families struggle because now they are stretched thin, trying to support their loved one.

Plus, financial toxicity is very high. So about 40% of cancer patients in the US are going bankrupt within first two years. So they are then feeling really guilty, and they're having to make decisions. Am I going to get treatment or am I going to save for my son's education? So there's just a lot of chaos and suffering there.

That's the before.

That's the before. Yeah. That's the before.

And what's the after?

What's the after? What we hope to provide, strive to provide with our solution is a much more guided, streamlined support. So in the very beginning it's all from the heart. So it's providing the patient and the family with a whole plan that guides them, that informs them about all the options with evidence-based information that they can rely on.

So they know what to do. They know what to expect. They know what are the things they need to plan for, and they can-- we plan for those. And they are supported with other patients who are going through something similar with them. So they know that there is hope, that they can also have a community.

Oh, there's a social element, too.

So there's a social element.

There's a social element to it. So that's the support they have before they even start or at the point that they start with Helpsy. And then throughout the care, they are supported on multiple level-- physical, emotional, social, all of that, both for the patient and the family.

You're right. The more you learn about Helpsy, the more you realize there are all these little amazing nuggets in there that are things that you kind of hear about or would like in a solution to support the families or the patient. And it seems like you've really sort of incorporated them in there.

So one of the things I think as artificial intelligence becomes more prevalent in health care solutions, I think there's sometimes hesitancy around how can a chat bot really be empathetic in the same way that human being is. And so can you tell me a little bit about how you've kind of built SAN-- I know it's a bit of your heart, a bit of your brain-- to be just as empathetic as you are?

I don't think technology can replace humans. The love that we can feel for each other, that is special. In the absence of that, technology can support with feeling that connection, and feeling supported emotionally. So that's what I've tried to think about when I think of technology.

I think there's a lot of hype and also a lot of glamour and fear around artificial intelligence.

Absolutely.

Yeah.

[LAUGHS] Growing up, doing AI like from 1995, '97, when it was not glamorous--

[LAUGHTER]

It wasn't called AI. Yeah.

It wasn't, yeah. To me, it's just the way you train a child. So it's is teaching the child how to do certain things, that over time they learn and they're able to do more of. So just the way we can teach children to have good characteristics and become a good human being, we can teach artificial-- and we can teach bots and technology to have more empathy.

And all of this has come not just from me, but from a lot of people who have gone in to train the technology, from multitudes of patient advocates, clinicians, researchers, experts who have all given their input. So that involves a lot of patient stories. What were the challenges that they faced at different point? What would they have liked to see? What information would have helped them? What kind of words would have helped them?

So the language that gets used is empathetic. Could you give us an example of what an exchange what be? What might Helpsy say to a certain situation, or SAN within Helpsy, say that really is that empathy?

So, for example, a very simple example of it, not even emotional, is when you think of a patient who has nausea. OK? You would be telling them what to eat, what not to eat. But one aspect of compassion is actually telling them to not eat their favorite foods. Because a lot of times when you have chemotherapy and nausea--

You have a negative association with your favorite food, and you don't want that.

--you will have negative association with your favorite food. So that's one example. A lot of times, caregivers feel burned out. So they either feel guilty or they feel resentful because they don't have a life anymore.

Yeah.

So giving education and information about that, giving them their own private group to be able to share that frustration, to be able to talk about it, to get links [INAUDIBLE]--

To understand it's very common.

So it sounds like the construct is built around that empathy. And there's lots of ways that it's fed into, as opposed to a single thing you say or set of things you say.

Yeah. It's the fiber.

The fiber.

[LAUGHS]

Well, we all need fiber.

[LAUGHTER] Sangeeta, it's been wonderful. Thank you so much--

Thank you.

--for sharing all of your heart and your brain with us, and telling us about Helpsy today.

Thank you so much. It's truly a honor to be here, and to get a chance to talk to your audience.

[MUSIC PLAYING]

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