Health Care Law Today Podcast
Episode 6: Telehealth Technology in Long-Term Care

Please note that the interview copy below is not verbatim. We do our best to provide you with a summary of what is covered during the show. Thank you for your consideration, and enjoy the show!

In this episode, Nathaniel Lacktman, Chair of Foley & Lardner's national Telemedicine & Digital Health Industry Team, sits down with West Health Institute's Director of Telehealth, Michael Kurliand, and Chief Medical Officer and Executive Vice President, Dr. Zia Agha. They discuss how telehealth fits into the senior care environment and engages with patients to influence successful aging at home in America.

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Nate Lacktman

My name is Nate Lacktman. I'm a partner at Foley and Lardner, and Chair of our national Telemedicine and Digital Health Industry Team. Welcome to the podcast.

Today I have two distinguished gentlemen with us to talk telehealth technology and the post-acute long-term care environment. They hail from West Health Institute Institute, Dr. Zia Agha and Michael Kurliand. In Dr. Agha's role as Chief Medical Officer and Executive Vice President of Clinical Research, Medical Informatics, Data Science, and Telehealth, he advances West Health Institute's mission to enable seniors to successfully age in place with access to high quality, affordable health, and support services that preserve and protect their dignity, quality of life, and independence. Prior to joining West

Health Institute Institute, Dr. Agha was director for the health services, research, and development division at the VA San Diego healthcare system, and professor of medicine at the University of California San Diego where he is still teaching. Dr. Agha received his M.D. from Aga Khan University in Karachi, Pakistan and an M.S. degree in Clinical Epidemiology, and completed a general Internal Medicine Fellowship and Health Services Research from the Medical College of Wisconsin.

Michael Kurliand has been working in health care for over 25 years and has served as a clinician, administrator, strategist, consultant, and departmental leader. Michael received his B.S.N. at Drexel University School of Nursing, and went on to receive his Master's degree from Johns Hopkins University in Organizational Dynamics and Strategic Human Resources. His accomplishments include multi-state EMR Implementation Lead for University of Pennsylvania health system, Information Services Lead for the nation's first for children at the children's hospital of Philadelphia, and development of the largest and most comprehensive telehealth program in Southeastern Pennsylvania, New Jersey, and Delaware as Telehealth Director for Nemours. In his current role, Michael serves as a subject matter expert in developing and scaling models of care that use technology for the elderly in change management. Welcome to the show guys!

Michael Kurliand

Thank you for having us.

Zia Agha, MD

Thank you, Nate.

Nate Lacktman

Dr. Agha, I'd like to start with you. Can you set the stage and maybe tell us a little bit about West Health Institute and what you do?

Zia Agha

Yes, of course. Thank you so much for the opportunity and to talk to your audience. West Health Institute is a nonprofit organization based in San Diego, put together by the philanthropy of Gary and Mary West. Gary and Mary are really successful business people who see our health care crisis, the cost crisis, and also the aging of America in real time. They are very motivated to do something through the tremendous resources that they can bring together. Around 12 years ago, they started by founding a foundation, the Gary and Mary West Foundation that's in Solana Beach, to provide philanthropy and funding for projects and organizations that are focused on these two areas. We then started a medical research institute around 10 years ago—this is our 10 year anniversary—to really start to develop the data and knowledge and to define the models of care that can address these two areas. And then a policy center was soon to follow, understanding that we need to then leverage our knowledge, our data, and findings to influence policy to enable successful aging in America.

Nate Lacktman

Well, so it's a trident approach with three different legs of the stool, so to speak yes?

Zia Agha

The focus is on providing resources through the foundation, providing new knowledge, new models of care and evidence through the institute, and then providing information and advocacy through the policy center. Each of these organizations works on the same platform that we discussed with you earlier: successful aging and lowering the cost of care. It's important to think of these two as very integrally tied together. We know that America is getting older. In around 30 years, the population of seniors is going to double. We also know that that population has unique needs: chronic medical conditions, high rates of hospitalizations, and ER utilization, and this trifecta of high-need older population requiring a lot of healthcare puts us in an area where we have to be innovative to think about how do we shift the balance of care? How do we allow seniors to get more care in their home environment to age independently? When you think about those areas and those opportunities, obviously telehealth is a key vector that we can leverage.

Nate Lacktman

Why don't you tell us about that some more? Why do you believe telehealth important to senior living healthcare services in particular?

Zia Agha

I think there are three large trends that we are seeing. We know as we engage with our patients and our providers that patients and seniors want to get care in their community. The burden of traveling across town or having to receive care at a site that is an institutionalized site, such as a nursing home or hospital, is less desirable. We also know that from a cost perspective, providing services that are a hybrid of face-to-face and virtual makes a lot of sense in our ability to both monitor and be proactive for these patients, and to prevent episodes of care that often have detrimental consequences both financial and medically.

Then I would say the third thing is the changes that we're seeing in our larger ecosystem in terms of— obviously for seniors—Medicaid is the predominant payer, and there's a big shift happening in this nation right now from fee-for-service to value-based care. Once you start to get into value-based care and population health, the ability to leverage all sorts of interactions, whether it's email, phone calls, video visits, and in-person visits, becomes very, very apparent, and the value proposition there is very different than for a younger population or a fee-for-service based.

Nate Lacktman

If we go into it with the idea that telehealth and virtual care services can be particularly useful to increase care, manage chronic diseases, and ultimately reduce costs for the long-term care population, I would assume that every nursing home in a long-term care facility in the United States already has this technology. Is that the case, Mike?

Michael Kurliand

No, unfortunately not. The uptake in telehealth in the post-acute long-term care community is actually a bit slower than it is in just the regular hospital and health care system uptake. There, it's been notoriously long for adoption and you can point at regulatory and reimbursement issues, but when you look a little bit more closely at it, I think the value proposition for these organizations hasn't really been identified and clear to their key stakeholders within the organization. Because what we're seeing is, once the organization and their leadership is well aware of the opportunities for telehealth in decreasing costs and increasing access to their patients, maybe even impacting their CMS star ratings, that it starts to turn the tide or the ship that they're steering. They're looking at opportunities and ways to implement it, but it is this educational aspect of learning about telehealth and understanding the value that it could bring for you and your organization that really has started moving the adoption. It is really hard for people to get to the other side of that when they're totally focused in on the reimbursement and the regulatory challenges.

Nate Lacktman

So when West Health Institute, when you talk to operators or owners of nursing facilities or LTCs about telehealth, what's their first reaction that you typically get from them?

Michael Kurliand

Well, the first thing I get asked is what technology should I use? And that is often the wrong question I should be getting asked. I turn around and say, "Well, what's the problem that you're trying to solve? What are the needs of your organization?" And when we start talking more, I might find out that they've had Directors of Nursing and the upper management staff leaving in a revolving door, or that they have a really low CMS star rating, or that they haven't differentiated themselves from their market competitors. So once we start peeling back and getting away from the technology, what gadgetry should I use, and figuring out what it is that they really need to do, that's when we figure out if telehealth is even a worthwhile option for them.

Nate Lacktman

What about the patients, the seniors as patients? Are they liking telehealth? Do they want it at these long-term care facilities? I know sometimes they aren't in a position of power to drive the messaging like the operators are, but what's a senior as a patient take on this?

Michael Kurliand

Great question. So we found with recent work with the University of California San Diego, when we did a small project with an assisted living facility that patients, once they were educated about it…they had a few caveats by the way, they had to be educated about it, and they prefer that it was associated with their own doctor's office. And if it wasn't, that they had a specialist request, that they wanted to talk to a geriatrician. When some of those things were met, they were very, very satisfied and happy with the telemedicine encounter. If you look at telehealth in general, that assisted living facility project really was

almost like the canary in a coal mine for us because that's what we're seeing out at large. When the visit is associated, like the provider firm that's doing the visit is associated with the person's primary care office, or it's a specialist that they have a difficult time getting access to, they're very satisfied with it.

Zia Agha

The other thing I would say is that we have to look at both what patients prefer and what they don't want. We know clearly that the patients and their families, and even the providers, don't really want patients to be shipped off in the middle of the night to an ER in a dry, cold ambulance run, and then sit there for a bunch of hours and then come back. If we can avoid these unnecessary transfers by using technology or new protocols, that is the value proposition right there.

Nate Lacktman

They don't want that? I mean, as a young boy, I always said I could not wait to get old so I can move into a nursing home and get an emergency medical transport into the middle of the night. It was my dream come true. I think that's a great point because you keep the patient where they are. Who wants to be disturbed? I can speak from personal experience that when my uncle, who's now passed away, had to get transferred from his member unit long-term care facility to a hospital, when he came back, he was not the same person. There's transfer trauma, there's significant shock that doesn't easily go away. If you could just simply avoid that by use of virtual care, it sounds like a pretty good benefit to the patient.

Zia Agha

Exactly, and the thing is, in some ways it's a win-win for everybody. I think for the nursing home or the site, they don't lose a bed when the patient goes away to the hospital. For the hospital, it's a win-win. they're not getting traffic or patients that they don't need to be taking care of, which could have been managed by early intervention in the nursing home. Then the payers are obviously benefiting too by managing the unnecessary cost of care. And of course family. If your loved one is in the same city as you, you will be getting in your pajamas and getting in the car, driving over to the ER to see how mom is doing, and so on and so forth. So it really makes sense from a perspective of multiple stakeholders.

The challenge is we don't have these projects or our protocols fully embedded, they're still not the usual care pathways. That's where the work Michael and his team is doing in terms of developing these implementation guides, doing the workshops, and educating and teaching people on how to do this, and then also building partnerships between payers, healthcare systems, and nursing homes is so critical.

Michael Kurliand

We really have our work cut out for us because right now if you look at the stats there's about 44,000 facilities in the United States today encompassing about two and a half million beds. By 2030, folks are anticipating that that number is going to double in the amount of beds. Now this might be an interesting nugget for your audience as well, about 10,000 people a day are turning 65 until 2030.

Zia Agha

We're going to run out of ambulances and ER rooms pretty soon, so we have to find alternates.

Nate Lacktman

Let's hear a little bit more about the implementation guide and some of these workshops. Tell us about what West Health Institute is doing to train up or educate the PALTC industry on virtual care.

Michael Kurliand

Sure. Let me give you a little bit of background as to how the implementation guide came to be. So we did have a project with UCSD that really dipped our toe into the assisted living world and just opened our eyes to the opportunity. That led to us pulling together what we think the nation's leaders and best are at delivering care to the post-acute and long-term care communities. So we had probably, I think, 11 organizations come here to West Health Institute, meet us in person, and we spent the day just working through the challenges and opportunities in this space. Our biggest takeaway was that telehealth is still an unknown to the post-acute long-term care space, and if there's anything that we can do to help educate the community, that would have the greatest impact. So with further discussion, we came to landing on this developing an implementation guide right out of the gate. There's lots of telehealth implementation guides out there, but some are a little too deep, especially if you're a new person. You get really overwhelmed with a lot of information about the technology, about the workflows, about the business models, and propositions.

We wanted to develop one geared towards this community that was just deep enough for them to get started and get familiar with, so if they did have further questions, they would already have a compass pointing them in the right direction to where they could find more information. So that was the background of the implementation guide, but that's just one part of the strategy. The other part is really taking the implementation guide, our learnings from it, and meeting with people individually and as groups, and teaching them how to use the implementation guide and the key aspects of it, and answering their questions in person about their concerns and helping them navigate their own organization in implementing telehealth.

Nate Lacktman

It sounds like you're almost customized consulting, right?

Zia Agha

It's funny you say that. We do see ourselves and some of the groups that we have put together when it comes to dissemination. We don't want to just publish things and stop because that's what happens in traditional academia. We really want to take this one step further and develop this role for our organization to teach people how to do things. It's like consulting, you're right, and it's building the resources that people can then use, so there are algorithms, templates, and workbooks that have been created. The beauty of it all is, since we are not a provider system and we are not a for-profit, we can freely give this away and share it openly as a nonprofit organization.

Nate Lacktman

So it's available free, no cost, anybody can download it and use the resource guide and scale up or build a telehealth program for their own long-term care facility?

Michael Kurliand Exactly.

Nate Lacktman

How's it been when you sit down with these meetings? So somebody, let's say they read the book, like, "This is great. I love it. I have no idea how to actually implement it at my facility. Mike, Dr. Agha, come out here and meet with me, and tell me what I'm doing right and wrong." When you do that, after meeting with those operators, have you yet had time to do look back or see if they've been able to utilize some virtual care services for their residents, or is it too soon to tell?

Michael Kurliand

Well it's a little too soon to tell, but what we're hearing is that there is a lot of interest and that just even our discussion around the topic, and having the implementation guide at hand, has given folks the confidence to really dig deeper into telehealth for their organization. We're available by phone calls too—if they're local, we'll try to get out there and meet in person because it's a little bit different when you see the environment and meet people, and shake their hands of course—but a lot of these interactions are over the phone and we walked through some of the really high level stuff that helped them get started, like really understanding the needs and how ready they are for something like telehealth.

Zia Agha

The other thing I will add is, as we think about this as a strategy, it's a piece of our larger strategy around health care models and evolving them. What we are seeing is that organizations have to be ready for doing this type of work. So we're finding good uptake or interest from organizations that are either at risk, such as ACOs, or are participating in value-based contracts and have a need to leverage telehealth as a means for managing their populations. I think it's a combination of having the right environment and the demand for a solution, and then us and our partners being able to then offer that solution and make the adoption curve slightly easier so things can get going. Often, we think about West Health Institute as a catalyst, we try to create the little spark that's going to get things going for people, but ultimately, the organizations themselves are the ones that will run with this, and that is how you would scale it.

Nate Lacktman

I think a lot of people could learn from the concepts in the guide, but is it, am I correct in saying it's tailored a bit more towards the operators and owners of post-acute long-term care facilities as opposed to, let's say, I want to develop a telehealth company as an entrepreneur that then delivers services to a post-acute facility on a B2B basis. Who's the core readership here?

Michael Kurliand

That's a great question because we've had interest from both sides. The core readership that we initially targeted are the healthcare providers, but we're getting inquiries from the vendor community as well. They're interested in understanding more about the upcoming demand in the post-acute long-term care space and they're recognizing that, "Hey, this is a space that we need to get familiarized with and start to offer our services." And on the other side, the healthcare providers are recognizing that this is also a space that we need to get more familiarized with and how should we do that. Sometimes those vendors and those providers end up having dialogue that help both of their interests.

Zia Agha

You raise a good point Nate, but you need to raise both sides of the equation. I think we need to create the right environment for the providers, whether they are for-profit commercial entities, B2B, or a partner, a clinical partner, that the nursing home or PLTC has to be able to provide the services. And then at the same time, we need to raise the bar for the assisted living or PLTC site to be able to integrate and provide these services. That's why I think there are clearly two pieces to this big puzzle that are the keystones, and our hope is that with this guide, we've tried to keep it broad enough that has learnings for both sides.

Nate Lacktman

If you had to make a prediction guys, who's going to catalyze telehealth and post-acute sooner? Is it going to be from the operators themselves, or do you think it's going to be driven by solutions provided by third party vendors or the business partners, if you had to place a bet?

Zia Agha

I think if I was place a bet looking at the past, which is one way to predict the future, so far it's companies like some of our partners, Curavi and Avera, where they have developed models of telehealth and PLTC, and then are able to contract and scale through multiple sites. That model has been very successful to date and I think is going to keep growing. Once you hit the tipping point, you could see the organizations themselves developing in-house capabilities, but if I were to put my money on, I would think it's going to be the vendor community or health systems that are going to take the lead in developing these programs and partnering with PLTCs. It's not just about the technology, on the other end of it, you need physicians and health care providers and teams of experts, which typically don't reside within a PLTC site.

Michael Kurliand

I would go for almost an option C as well. I think the payer community also being educated by the vendor community, that combination right there I think has been untapped. Like Zia said, the Avera's and Curavi's, we know that they're talking to payers and educating them as well. As these value-based contracts come more and more to fruition, they're going to be looking at options like telehealth, especially in the post-acute long-term care space.

Nate Lacktman

Mike with the option C. I love it. Follow the money. I just read today that one large health plan reported a $5 billion profit just in Q3 of this year. If we think that the money is going to help motivate it by opening up reimbursement opportunities, I think it's pretty astute to place a little bit of a bet on the health plans themselves. How about this? How about, instead of players in the marketplace, what about issues that could change? What would have the most potential to increase uptake and telehealth at PALTCs specifically? Let's hear from Mike first and then Dr. Agha.

Michael Kurliand

You're probably very, very familiar with this, but some of the CMS constraints right now, that really does decrease the pallet for adoption just right out of the gate. There's some restrictions that if, I don't know, I read about them on your blog posts all the time, just reminds me and keeps me up at night.

Zia Agha

I think the second thing that I worry about is, for these organizations that are going to invest in these protocols, they need to see an ROI. They need to see benefit, whether it's directly through reimbursement, but also more importantly indirectly through either better census management, better retention of staff and reducing of staff turnover, better star ratings. A lot of that information has not been captured to the point, or condensed to a point, where a CFO of an organization goes, "Yup. This makes a lot of sense to me." I think that's part of the work we are doing and others are doing is to make the benefits and the ROI crystal clear. Well if you don't do that, no matter how easy it is to do and how good it is, it will not happen.

Nate Lacktman

It's really interesting, the ROI discussion. There was at least a panel at every telehealth conference about proving ROI, getting the CFO on board, maybe, and those started phasing out I'd say about four, maybe five years ago. Now the discussion has largely shifted to expansion and execution rather than making the case. But maybe it's a little different in the post-acute long-term care environment? They're still talking about ROI, is that the case?

Michael Kurliand

They are talking about ROI, but they are talking about keeping ... The sense of stabilization is really important, the CMS star ratings. All those aren't exactly direct ROIs the traditional ROI numbers that we think of, so they have other ones; market differentiation, they want to increase access to care. Zia mentioned the staff retention. Some of these organizations that we've talked to that are working in this space, their nurses have reported increased morale for instance. That's just because, once the telehealth component is in place and everyone's educated, a nurse, when they're calling a physician for help, this medical director that might be covering that particular facility might have several other facilities. So the time that they get back in touch with the nurse, it could be hours later. With the appropriate telehealth in place, they're waiting no longer than 15 minutes. As a nurse, and if you're delivering care and there's

a change of condition that needs to be treated at that moment, you want somebody to respond to you right away. So the morale increases and therefore the staff retention decreases.

Just also from a numbers perspective in the skilled nursing facilities, turnover for CNAs and RNs is approximately 50%. If you're looking at assisted living facilities, it's around 30% for both. So it's really important to try to keep your staff engaged and happy with the right resources to help them do their job appropriately.

Nate Lacktman

I think it's fascinating how you're looking at it from multiple different angles. Running a PALTC organization or facility, it's more than just the patients as consumers like we see in some of the DTC telehealth stuff. It's more than just a software product that maybe the IT or the programmers may care about, but you actually have to modulate and care about staffing on all different levels, not just doctors. It's a multidisciplinary care team. And Dr. Agha talked about some metrics with ROI and other parameters. Are some of those baked into the West Health Institute implementation guide or does West Health Institute have these other kind of tools or calculators available to folks interested in exploring virtual care?

Zia Agha

Yes, I think it's important to understand that the guide itself covers, I would say a fair amount of this stuff, and by no means is this work completed. I think we are still learning and developing new tools, but there are financial calculators and reimbursement calculators built into the guide. On our website, we'll be posting new data, new information as things are evolving.

Nate Lacktman

Dr. Agha, what do you think is the future of telehealth at PALTC? Give me your prediction, your hot take, three years from now, five years from now, and ten years from now.

Zia Agha

Three, five, and ten. Well, I can tell you that in the next three years, there's going to be some leading organizations that are going to demonstrate value. I think that has to happen, whether it's going to be the ones that we are working with today or they going to be some other new players that are going to do this work. That's important. And I think that's good because I don't think we're ready for adoption by 100% of the centers right now, but you need a critical mass of success stories that drive the value proposition, that further crystallize how to do this and what are the best practices. A lot of that is not known right now. I would say in five years, the curve should be getting to a point where in every market there are some organizations that are offering this and are differentiating themselves across their geographical catchment area, and then the hope would be that in ten years it does become a standard of care.

Michael Kurliand

Well it's not even called telehealth anymore. It's just care.

Nate Lacktman

Mike, what do you think? Give us your three, five, and ten.

Michael Kurliand

So I think I'm going to jump to the five year mark and skip three right now because I think three years, we might still be somewhere close to where we're at. Dr. Agha is always more optimistic than I am. I think five years from now, we're going to be edging right towards a tipping point where more and more organizations have recognized that they are leaving operational capabilities on the table such as leveraging technology to decrease the impact of geography just to access care. And the sinking in feeling of less and less providers being available over the next 10 years I think is also going to start to really make an impact on how organizations are beginning to think about how they deliver care. Because, in addition to the major demographic shift that you have with the increasing aging population, you have an increasing demand of providers and specialists. So imagine the number of providers going down and the population going up. You're going to need to figure out different ways of delivering care.

In ten years, this is where my optimism really kicks in, is that everyone's a bit more aware and savvy as to what they have to do to deliver care appropriately and in a timely way.

Nate Lacktman

Man, I love it. I love your feedback and insight because you keep wrapping around to the same concept that the two of you started with in the beginning. At least for virtual in PALTC, it's not, or ought not to be, about the technology, what the product is, but the environmental and situational factors, which cause PALTCs to want and should use virtual care. Staffing profile health care professional shortages, what it's like to be a resident of a long-term care facility, the economic and financial implications of having a bed hold that's an uncompensated bed for several days as the patient goes to a hospital and back. These are all things that have nothing to do with the telehealth technology itself, but have everything to do with how the telehealth technology can solve and address these operational and situational factors, uniquely addressing the post-acute long-term care industry.

All right guys, we're going to go to our speed round. I'm going to hit you with some hot take questions. We'll start easy. Do you prefer to read hard copy books or digital?

Zia Agha

Hard copy for me.

Nate Lacktman

Mike, are you digital?

Michael Kurliand

I'm digital man.

Nate Lacktman

Wow. Do you have the special blue lens glasses? How do you not get the eyestrain?

Michael Kurliand

I do and I feel like I'm going more blind every day. I have these crazy blue lens glasses. My wife yells at me every time I wear them.

Nate Lacktman

I'm sure your 18-year-old self will be very proud of your responsible decision making in eyewear.

Michael Kurliand

I'm wearing them right now. Zia is actually pointing and laughing at me.

Nate Lacktman

iPhone or Droid?

Zia Agha

iPhone for me.

Michael Kurliand

iPhone.

Nate Lacktman

Nice. Good choice. Good choice. You'll be invited back for a second guest appearance..

Michael Kurliand

Apple's listening.

Nate Lacktman

How about this? Do you use a protective phone case or do you live dangerously?

Zia Agha

I've done it both ways, but yeah, right now, I think I have a phone case. **Michael Kurliand**

Oh man, I've got two kids. It's a protective phone case. That's a no-brainer for me.

Nate Lacktman

Oh gosh. But what about the feeling? You just sit down at a lunch meeting and you just pull your phone out of the pocket, nothing protecting it, and the other people are like, "Oh my gosh, what are you thinking?"

Michael Kurliand

I know, that is a cool feeling. I haven't matured there just yet, but one of these days, I plan on taking that case off.

Nate Lacktman

One of these days, upon retirement possibly, right? How about this? You're both really tech forward, how many computer monitors do you have at your desk?

Zia Agha

I have two. Technically three. Mike?

Michael Kurliand

Yeah. I creep up behind Zia when he's working and I do see like three plus his phone going at the same time. So I have two plus my phone. How many do you have, Nate?

Nate Lacktman

Me? I have three, but I think that third one is just showing off. I definitely do. The third is nice, but not necessary.

Zia Agha

Yeah. So my excuse is very simple. It's not because I'm a busy guy or I work really hard. It's because when I hit 50, my eyesight started to go down and I refused to get glasses. I just have to have font that is so big, I need two monitors.

Nate Lacktman

I'm imagining you having one document, like a website page, spread across two monitors.

Zia Agha

It's like size 24 font.

Michael Kurliand

As you're walking by, you can see what Zia's reading.

Nate Lacktman

When it's wintertime, I like to turn my display brightness all the way up and just get some radiation tan action going from these triple display set up, but that might be in my head.

Michael Kurliand

Well I'll be sending you some blue glass protection.

Nate Lacktman

How about this? What is your prediction for Superbowl LIV?

Zia Agha

I like my team. I think Aaron Rogers is going to get a second ring.

Michael Kurliand

So, unfortunately I'm not sure the Eagles are going to make it this year. But I got to tell you—

Zia Agha

Do not say Tom Brady and the Patriots. I will punch you.

Michael Kurliand

I'll punch myself. Yeah. So, if Green Bay doesn't make it, I think the Seahawks have it with Russell Wilson. He's just so good this year.

Nate Lacktman

You heard it. Anybody hanging out in Philly, if you see Mike Kurliand, he put cast his bet with the Seattle Seahawks and not the Philadelphia Eagles. You better watch out.

Michael Kurliand

I think my boys in Philly would be like, "You know what Kurl? I think you're right." I'm still rooting for Philly, but I'm looking at it realistically. As long as they beat Dallas, I'm good.

Nate Lacktman

All right. You gave your predictions, you dropped some knowledge, you educated us, you made us laugh. One thing we don't know is how to get in touch with you. How do we get a copy of this guide? Let the people know.

Michael Kurliand

Sure. We will make sure at the bottom of the podcast is a URL that you could just download the guide. You could also reach out to me directly. M-K-U-R-L-I-A-N-D@westhealth.org. Just email me directly and I'll provide you all the material that I can.

Nate Lacktman

Excellent. So if you want to learn more, go to Westhealth.org or you can, in your web browser, search for West Health Institute Telehealth PALTC. It'll take you right to the link in the URL. It'll also be on the podcast link as well. I would like to thank both of you so much, Dr. Zia Agha and Michael Kurliand for joining us today, sharing some of your insight and information with our listeners.

Michael Kurliand

No, thank you for having us. It's been a real pleasure.

Zia Agha

It's been a pleasure so much.

Nate Lacktman

Until next time, join us.

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