

Michael Roberts ([00:09](#)):

Welcome to the Health Connective Show. I'm your host, Michael Roberts. Today we're fortunate enough to have Dr. Bipin Patel back on the show. Dr. Patel is the CEO and founder of electronRx, a company seeking to transform the lives of people with breathing disorders. In this episode, we explore the opportunities and challenges of entrepreneurship and healthcare, and we look at the chance to become true multidimensional thinkers to make a bigger impact. Dr. Patel, thank you so much for returning to the show. It's so wonderful. We have very few guests back on the show, and so it's an honor to get to speak with you again. So, last time we talked, we were talking more about the company electronRx. At kind of at the end of the call, we started kind of talking about how healthcare impacts us personally. But before we get into sort of that story around healthcare impacts us, let's talk about electronRx. Anything to to be announcing that's coming up soon? Any major things that you'd like to share about the company? We're looking to share this episode in the spring, so that's kind of the, the timeline that, uh, you can think about how you wanna share.

Dr. Bipin Patel ([01:10](#)):

Good to, to be had back on your show again. Thank you. I do remember our conversations. Since we last spoke a few months ago, we ended up launching our, uh, software as a medical device for pulmonary function management at the CES in Las Vegas, beginning of January, which impacted an awful lot of people to come and see us. We even have a little video. Happy to, to share that with you. It's only six seconds or thereabouts, but it tells you what it does. So we've, we've been busy. We've conducted a couple of clinical studies, and we're just analyzing that data right now. And we're having some interesting and exciting conversations with, um, a couple of pharmaceutical companies who wish to take this technology, utilize it in, in clinical development to reduce the time that it takes and compressed the R&D days, as well as, um, helping patients to get the very best out of the medications that they're on. So post-market, uh, surveillance, the adherence and compliance components. So we're, we're sort of quite excited. It's been a very strong start to the new year. It's been very busy, but, you know, I think the startup game remains all the cut and thrust of it. And, um, there are a lot of political wins as you very well know, and we continue to move forward. We, we remain all very passionate about helping patients with respiratory conditions and empower them, which is what we talked about last time, or thereabouts anyway.

Michael Roberts ([02:36](#)):

Yeah, yeah, absolutely. Absolutely. That's awesome and glad to hear. Congratulations. I know it's a tough time for startups. Uh, for all the many reasons

Dr. Bipin Patel ([02:45](#)):

I think you already know, and maybe the listeners and the viewers will know that, um, monies are in short supply because there's a massive demand out there for ideas. And I feel, I'm sure we discussed this last time, but now there's a lot happening, and a lot of us can do an awful lot of things that much more faster because of all the AI technologies that is available. The limitations are, what is the level of your imagination and the ability to ask the questions and

Michael Roberts ([03:22](#)):

Yeah,

Dr. Bipin Patel ([03:22](#)):

I dunno about you, but it is becoming, things are accelerating. I think things are maybe a bit more trickier, but the opportunities are all there. And I think I saw a little note just the other day from somebody somewhere that it's a great opportunity for entrepreneurs to get on with it and solve some real problems, obviously within the healthcare space. I see the opportunities, I think creating bandwidth is important. I think there's some great things, you know, coming. Maybe it's already here, but you are, you are probably in the heart of it, so you hear more about it than I do. I only have opinions and views, so I'm happy to share them with you anytime you want.

Michael Roberts ([04:04](#)):

<laugh>. Absolutely, absolutely. Love it. So, let's talk a little bit about sort of like behind the scenes of electronRx. We've had the chance to speak with a number of different types of professionals on the show. So we've spoken with surgeons, we've spoken with health IT professionals, we've spoken with people that design medical devices, that market those devices. And a lot of times what we focus on here on the show is we look a lot at the business itself. What's the device do? What's your company trying to solve? All of those things that are very surface level and very mission critical, right? These are the things that we're here to do, how we help each other out. Almost everybody that I've spoken with in this space has a reason for being here. No one just comes to this profession going like, you know, I could have been a plumber or I could have done this, and I thought I could make better money doing this, so I went with this one instead. So I'm interested to kind of dig into that a little bit because I think all of us have some sort of story to share around it. So it'd be interesting to hear, you know, what motivates you.

Dr. Bipin Patel ([05:06](#)):

Since, since you're asking me that, Michael, I'll share with you. I was given an opportunity by somebody called Professor Robert Walker from the University of Southampton. He interviewed me to become an undergraduate in his school of biological sciences. And they did ask me, why do you wanna do this? And I remember that question up until this day and I said to him, I want to learn and understand why things work and how they work. I think that was and is the beginning of my journey into the healthcare space. And I believe I've arrived, and on that journey, the purpose for me, and I believe, which by definition extends to the team that we have around us. People have some purpose in saying we wanna do some purposeful things, you know, and even to this date, you meet various folks wanting to do that. Something that's gonna touch a few lives, and we may just help some people on the way instead of creating a dating app or something of that nature.

Dr. Bipin Patel ([06:10](#)):

All due respect to anybody who's in that game. But it's not for us. We'd like to leave something behind and help a few people, I guess. I think that's for me personally, I mean that's, that's, that's me. That driven by knowledge, the excitement that we may create something, we may save a few lives. You know, I'd like to think I've saved a few lives in my career. I've built a few things, extended a few lives of, um, patients with brain tumors. I've worked in that space. I've worked in the pulmonary space in mesothelioma. We may have given them a few extra months. I think it's good to be proud of those little moments and the fact that we get reminded every so often through communications we receive. You know, I think last week we had a communication from a patient. They found us somewhere, could I help them?

Dr. Bipin Patel ([07:07](#)):

Uh, and, and, and I said, you know, we, we can't really help you directly, but this is what we're doing. This is where we are, and we hope to, to get you these things, uh, because we're on route to delivering it. Help you manage and monitor your respiratory condition. Uh, empower these people. And I think those audiences who didn't listen to me talking to you last time, the game plan here is according to the WHO, there are close to five 40 million subjects, patients who have chronic obstructive pulmonary disease. This is a disease which you can only control the symptoms. There is no cure. And it is not a nice way to to go. So sometimes people describe it, they're having to breathe through a straw. That's what it feels like. I think there's a purpose. We may just do something, I dunno, Michael, but there's a long story.

Dr. Bipin Patel ([08:00](#)):

Being an entrepreneur and creating the technology is one thing. You asked me a question a few minutes ago and I was reflecting on that. We've arrived at a point where it now becomes a storytelling, telling the marketing people, how do we get out there? How do we tell what we need to tell to people so we really make a difference? And that is another challenge. It's not just a technology anymore. I'm, I'm afraid, I was with somebody yesterday, uh, a very senior pharmaceutical executive, I have to mention this to you. He said, um, they shipped in somebody from Harvard, uh, to, to give them some training. And his name was Porter. Uh, he says, who's bloody Porter? Uh, it was Michael Porter with his five forces of marketing.

Dr. Bipin Patel ([08:45](#)):

Not bad, not bad, not bad, not bad, is it? And they said, look, if you not pitch up every two weeks, uh, for one and a half days in the system for the next 10 weeks, we'll give you your private MBA. It's quite interesting conversation. Obviously Porter is teaching you and he is a great teacher. And he says, if you can't learn from him, you're not gonna learn from anyone. Apparently that was his message. And this is a, you know, uh, I would say a titan of, uh, pharmaceutical sector who I met 25 years ago. And he is, uh, starting to work for me as of 1st of March to help us, uh, secure some relationships with the big pharma who have all the muscle.

Michael Roberts ([09:24](#)):

Yeah, that's fantastic. That's fantastic, <laugh>. I like that a lot. I guess the inverse that I want to ask of, you know, hey, there's all this purpose behind what you do. Can you speak to some of the pressures then that go with working in a, in a purposeful environment? You speak of extending lives and, you know, leaving a legacy and, and these kinds of things. Does that give you more stress, more anxiety around trying to hit these objectives? Like what's the positive and the negative of, of living in a purposeful career?

Dr. Bipin Patel ([09:58](#)):

I'll start with the negatives, Michael. I think I can only talk for myself and I'm sure there's other people, but I'd like, I have a purpose. You have a lot of ethics around you. You have a ethical culture. I feel responsible for my employees, uh, who have little families. They have little babies and so forth. So I have a responsibility 'cause I have managed to create jobs, they've got homes, they've got families, and we are a business. We are not a charity because investors have invested to get, uh, 20, 30, 40, 50x, otherwise it's not worth their while. What's the point? So you're under pressure to deliver, but it's a business. We have to deliver what we say we would do. So you're under, uh, it's actually, I think it's quite pressurized. You know, it can be ruthless in this game, which lots of people are and can be. I think

the purpose is we're here to do, and, and it's for the, the entire stakeholders, employees, shareholders, investors. We have potential customers we've got and people who will work with us. So I think it's, it's quite pressurized environment,

Michael Roberts ([11:05](#)):

Certainly.

Dr. Bipin Patel ([11:06](#)):

But the, the positive must be 'cause I wake up every morning at five, and I'm here and why am I doing this? I'm doing this even on the weekends. So I think it's probably obsessive behavior, like an entrepreneur and a founder, which can't be good for you for the long term. But I think I would describe it as a privilege to be working with some great minds and some great people. And I think you expect to win, you need to hit the ball at the stadium to make this happen. In our case, look, there's hundreds of millions of patients, they're not going anywhere. There is half a trillion plus of market in the respiratory space. What does that mean? There's all the big pharma selling their drugs, right? 10, 20, 150,000 dollars ago, there's a market. We think we have a solution to help patients, help the pharmaceutical companies to sell their drugs.

Dr. Bipin Patel ([12:14](#)):

So you get a better patient outcome and compressed their timelines to discovering newer molecules much faster. So there is an opportunity here. Is there an urgency? So there is no urgency by the way. I'm sorry to tell you Michael, but I dunno who's listening to this, but whoever they are, we need to ask the question, do you have any urgency whatsoever to save those extra few lives? I genuinely believe they don't have any urgency whatsoever. Revenue's coming in, they're selling their stuff, they have to continue doing what they're doing, but it's fine to wait another month, another few months, another year until the priority level of the ladder, which probably has some sort of an impact on your revenues. Uh, or somebody's nibbling away at your heels because the competitors are there and you need to do something to differentiate and continue the trajectory or find an adjacent market. And I, I dunno, maybe I'm, I can't be the only guy in the system with these sort of challenges.

Michael Roberts ([13:07](#)):

Sure, sure.

Dr. Bipin Patel ([13:09](#)):

I mean, healthcare is expensive as you know. Ballooning costs, massive pressures on our whole, the whole system. We have an aging population. Uh, we're all living longer. We expect the very best and why shouldn't we?

Michael Roberts ([13:21](#)):

Yeah, there are lots of interesting like bottlenecks and, and frustrations that, that come with healthcare as industry. You know, you speak to like, hey, this has to make money too. It isn't a charity. It has to, it has to yield some sort of results. There are so many complications that come with that, so many frustrations that come with that. I do get encouraged by the fact that, to what you say, like just purely looking at it from market forces, if there is a better thing and it can be delivered more effectively, and there is this time of disruption that's happening right now, AI systems, all these other things that are causing this disruption. Yeah, it, it does give hope. Even in what could be sort of sometimes what could

feel like a cynical worldview, you know, in times of like, hey, why won't this move forward? Why can't we get this happening? But if market forces push

Dr. Bipin Patel ([14:12](#)):

I think the viewers or the listeners of this will, if you look at what's, what's happening right now with the availability of the various, uh, AIs that we have available on our mobile phone, you know, a lot of these are quite accurate by the way. Like people turning to them, asking the questions "here are my symptoms X, Y, Z"? And it gives you some reasonable answers, you know, not that Google isn't doing that already because people tap it in. If you look at the searches of one condition or another, you get all the results anyway. So what difference are you making? But here it's much more easier. It gives you a bit more intelligence. There are these thinking and reasoning models now, which are looking pretty cool. I think they're looking very good to a point where, I think it was only three or four days ago, some professor had tried out, I believe Copilot and not Coscientist.

Dr. Bipin Patel ([15:08](#)):

And he said that they've discovered something which has taken 'em years to get there within two days because it's able to, to do that. And I think all of this is already empowering an awful lot of people, you know, and it's only gonna get better. It's not gonna get worse. So six months time, if we have another conversation, I'll bet you my bottom dollar that, um, we can probably get some pretty good understandings of some of our health issues if we just ask the right questions. And actually you don't even have to ask the right questions anymore because the thing is thinking about how to answer that question in lots of different ways. And then it works out that this is the best way. I think this person is looking for the answer. As you, I think you may have seen the thinking experiment or I can't remember the exact words, the, the, these things describe themselves. One, it's very frightening. Two, it's extremely, uh, empowering and I think it must be good for society, obviously, some elements of it.

Michael Roberts ([16:06](#)):

Absolutely. Absolutely. It, it is, yeah. This is a, this is a fascinating time. It's, it's really is like I, we were just on, I was on a call just a few days ago, um, and was listening to somebody talk about these systems and, and all of this kind of stuff and talking about the value of knowledge is diminishing rapidly.

Dr. Bipin Patel ([16:24](#)):

It's becoming a commodity because, but actually Michael, I think the, the key here has to be the domain knowledge, the depth of domain knowledge one has, what is going to differentiate people now, because you have the ability to think sideways, think vertically, sync, think horizontally, whichever direction you wanna go. And therefore you are now able to interrogate this, this beastie that has a massive amount of knowledge in it to extract what you want. You follow? Otherwise, if you live in a simple system, one dimensional system, you are always gonna be thinking in one dimension. But if you happen to be playing in the three or four dimensional space, it's a different ball game. And I think that's where the winning formula lies. And if you ask the right questions, you can get so much out so quickly. So the question is, who's feeding what? I was in another company the other day, a big pharmaceutical HQ. Employees are now using all of the AI that's available, not turning up to meetings, sending their agent or whatever you wanna call them to summarize. And then the summarize thing goes off somewhere. Somebody captures it. I am assuming once it's captured, these people probably don't read it. Add it all together. So the question is then are we diluting the real message as it goes from one iteration to another to another?

Michael Roberts ([17:55](#)):

Certainly,

Dr. Bipin Patel ([17:56](#)):

It'd be interesting because people are doing this, by the way, in some of the organizations.

Michael Roberts ([18:01](#)):

Yeah.

Dr. Bipin Patel ([18:02](#)):

I don't, I don't know me. I think you need to ask a question to some, some serious big companies around this. We should talk about this.

Michael Roberts ([18:09](#)):

Yeah, no, I, I, I a hundred percent agree. You know, just even just using the, the simple example of like, we're recording on a tool called Riverside. Riverside has a number of AI tools built into it. Saves us a tremendous amount of time in terms of pulling out summaries, pulling out relevant quotes.

Dr. Bipin Patel ([18:25](#)):

I was gonna say that you, we would create five blogs outta this one to knock them out there at a time. Who knows?

Michael Roberts ([18:30](#)):

All that, all that stuff. But did it get to the thing that I thought was most important? There's no way that I can have sort of any kind of dialogue with this, this particular system right now. And there is some interesting study being done on summarizations, on pulling out highlights, those kinds of things. Like are you really truly pulling out what matters? Or are you just pulling out things that it recognizes from other blog posts and other podcasts and other systems?

Dr. Bipin Patel ([18:57](#)):

Uh, I think the creativity component is being, will get diluted. The, yes, it does make you slightly lazier, I should think because you're, you're pulling out things. Yes. You're gonna learn some new things. I've learned a good few new things. Is it authentic? I don't, I'm not so sure. I, I dunno. I'm sure it isn't, it can't be because when you see things now you, you know that it looks too good to be bloody true.

Michael Roberts ([19:22](#)):

<laugh>. Right? Right. One of the, and it, it's funny, there's even some tools now that are starting to keep ums and ahs in the different transcripts and keep, to make it look like human error instead of keeping on with it being so a hundred percent polished, which is,

Dr. Bipin Patel ([19:39](#)):

But Michael, you can ask the prompt to put in there and say, look, can you please allocate and sprinkle, uh, 1.3% error, grammatical error, spelling error. The sentences in the wrong place. Now you can do that anyway, can't you? So, right. I, I dunno, I think it's making it all very efficient. I think it's, it's, um, I dunno,

I'm, I'm not the greatest person to talk, but, but I'm skeptical about the way things are going on. It's definitely making us more productive and I think we'll become more efficient. I I can't see any reason why we can't, the world is not benefiting. I think it must be benefiting, we're all benefiting from this.

Michael Roberts ([20:15](#)):

I hope so. <laugh>. You know, I hope so. I, there are a lot of things where I do see it. I, I think that short term pain of how do we find jobs when these efficiencies are in place? How do we, you know, reallocate people and education. The thing that I really liked about what you talked about was this sort of multi-dimensional thinking and is this a major evolution point for humanity where we start saying like, hey, we can't just keep on doing the same low level stuff. We can't just keep on phoning it in to whatever job or to whatever like way that we're approaching things. Like, that part is done. Like that part we can handle automatically. We don't even have to think about. What does that mean for us? Like, how can we take advantage of that and how do we protect that and, and preserve that so that it doesn't become manipulated and it doesn't become, you know, a instrument for tearing down so much of what matters at the same time.

Michael Roberts ([21:12](#)):

Let me shift topic. 'cause we're, we got really deep into AI, which I love talking about. It's, it's fun stuff. One of the things that, that we did mention a little bit last time, and I I wanna get back into, is you're somebody that's in healthcare every single day, whether it's your own health issues, whether you're trying to deal with family health issues, other people coming to you. How do you help people think about how to navigate this system? These systems are transforming so much, but at the same time it's still, it's still tough. Like...

Dr. Bipin Patel ([21:40](#)):

I think it's very tough. Look, I can only talk to you about the UK, the National Health Service. People can go onto the websites to go and look around with, the NHS provides the information. In fact, I'm sorry to tell you, I would Google or ask one of the AI things to tell me and quickly get the answers. I haven't quite tried the deep thinking models, but I bet you my bottom dollar, it'll gimme a bloody good, uh, diagnosis of the situation fairly quickly. I'd like to think I know a little bit about healthcare and medicine clinical stuff, so I can interpret that information. The question then becomes, what if you are not in this space? And you ask the question and it gives you a very detailed answer, which is what you get. I, I don't know what that means, you know, for people you can get frightened.

Dr. Bipin Patel ([22:33](#)):

I think there's a challenge here, but I'm, I'm, I'm assuming I've not tried it, but I, since you've asked me that question, you've got me thinking I might just try it on the train home. Now, after this call, I'll ask a question and see if it pops up. Or if it says that I'm not a medical advisor, you're not supposed to listening to this and it's your call, what you do with it. But the irony is it's quite accurate, you know, already. So what does that mean when you go and talk to your physician in the primary care setting? They listen to your questions, right? The answers, the symptoms. What are they doing? They're calculating what's wrong with you. You now have a bot that's already doing that for you free, or does that, you know, that that's, I'm beginning to think that they're in primary care. I reckon there's a challenge coming up for the physicians who are on the front line consulting patients. You can create a chat bot with a necessary empathy in there as much as you want and constrain it to a particular space.



And it will only tell you about the that information. So therefore, you technically have an expert just talking about one little area.

Michael Roberts ([23:45](#)):

Right.

Dr. Bipin Patel ([23:46](#)):

That's what I think. I might be wrong, but that's the healthcare stuff. It's here. I'm afraid it's here and it's here and now. It's here. It's here. It's not going anywhere. I think it's too late. We've let the genie outta the bowl and it's here. I think it must be, must be good for people, but I, I've no idea, not clever enough to figure out what the absolute implications are, but it's here. It's here and now.

Michael Roberts ([24:06](#)):

There are some interesting things that are happening sort of in that, you know, psychological advising space. You know, people basically going like, Hey, AI, can you be my counselor? Can you help me figure out how to deal with these things? And there are some positive things, but there's some very negative things that are happening out of it too. You know, they're, and so I think that what's tough about medicine and what's great about medicine is, it's great that yes, we, we study these things so intensively so that we can come up with real answers and we can come up with clinical trials and we can do all these things. But people are using these things right now. They're, to your point, they're, they're going and they're trying out, Hey, ChatGPT hey, whatever system, tell me what's diagnose me. Help me figure this out. And then, you know, again, to your point, like these things could be restrained and, and could be focused in, but a lot of people are not necessarily using those and so they're using the whatever out of the box free version tool.

Dr. Bipin Patel ([25:01](#)):

But Michael, I think there are number of companies springing up left, right, and center who are essentially doing that and saying, we are offering you a AI based advisor or agent or AI doctor. I'm aware of one of them who's come back from, uh, wreckage of, uh, going bust and reincarnated itself into something else, which is now saying that I'm gonna help you as a, apparently they are an assistant to a doctor, to take a look at, read, uh, blood reports, whatever reports, quickly summarize them. The, the thing is, you and I can do that right now. So why do you wanna pay for it?

Michael Roberts ([25:44](#)):

Right?

Dr. Bipin Patel ([25:45](#)):

I dunno. I dunno.

Michael Roberts ([25:47](#)):

Yeah.

Dr. Bipin Patel ([25:48](#)):

Maybe you wanna pay for it because it says it's authenticated and validated by a rubber stamp.



Michael Roberts ([25:52](#)):

Right? Right. <laugh>, and it is fascinating to talk about this with somebody that is focused on, you are very focused on the entrepreneurial angle of this. Who's gonna pay for it? How's it actually gonna make things better? What are the true results that you're gonna get? What are the market forces that are gonna make this any better than what I can get for free today? And it's, it's a fascinating question because yeah, there, there are lots of interesting questions that are coming up right now.

Dr. Bipin Patel ([26:17](#)):

Yeah. I think Michael, the, the rate at which things are going, I think you and I should have another conversation in six months times or less because I think most people agree, these technologies, which are available to you and me at our fingertips are going to get better. We, we know that they, they're not gonna get worse. They're gonna get better. By definition. Whatever questions you ask, you're gonna get a real answer. Right. So, and it's free.

Michael Roberts ([26:41](#)):

Yeah.

Dr. Bipin Patel ([26:42](#)):

And it's free. That's the point. Why do you wanna pay for something that is free?

Michael Roberts ([26:48](#)):

Yeah, absolutely.

Dr. Bipin Patel ([26:50](#)):

So maybe, maybe this is gonna empower a bucket load of people and why shouldn't it?

Dr. Bipin Patel ([26:55](#)):

So from a healthcare perspective, I think we may have more, well, we'll have more educated folks wandering around in the system. Nutritional activities, uh, blood glucose monitoring, um, just thinking about those. You can get all this at your fingertips. It's all available. Now, if I eat this 10 times a day, how bad is it for me? It's gonna tell you you consumed x kilograms of sugar or x grams of sugar, which can't be good for you. So it's gonna give you a ran answer. And, um, I think all of the big companies are trying to make as accurate as possible these models. Um, it appears to be the case and I think there is no evidence to suggest that they're not doing that. And yes, I I, I do see people complaining that they get it wrong. Well, of course you're gonna bloody get it wrong. So how many GPs if you go and see, are gonna get things wrong anyway? So you are always gonna have an error in the human error. So if you're prepared to accept human error, you may well have to accept that there's gonna be an arrow on a machinery basis.

Michael Roberts ([28:01](#)):

Certainly. Certainly. You know, and, and one of the things that, that we do now in much less sensitive kinds of scenarios, even just on writing things and, and that's sort of the research and, and stuff that we're doing as a company is, you know, using two or three different systems, entering the same prompt in, and basically getting second opinions on everything that we're asking. So having like a variety of models that we're already trying this, we're already doing this in other spaces. So I could see that

becoming the way that you, you know, diagnose your own healthcare as well. So it's fascinating, fascinating conversation, <laugh>.

Dr. Bipin Patel (28:34):

You know, I was gonna say, I don't think I would've anticipated having such a conversation, even when we spoke, I'm sure it was four months ago, or five, it just shows the speed at which this new tech is moving

Michael Roberts (28:50):

Mm-hmm <affirmative>.

Dr. Bipin Patel (28:51):

And the speed at which things are moving forward. I just find it absolutely fascinating, the whole thing.

Michael Roberts (28:57):

Absolutely. Let's close it on this. If you are advising companies that are in this space, people in healthcare that are in this space, in light of this rapid development, what are you, what would you advise them? How are you advising your own team as all these things are changing so quickly?

Dr. Bipin Patel (29:15):

I can talk about what I'm advising my team. Be open-minded and start using this technology now, and apply it in a sensible way. Learn, I believe if you don't, you are going to be multiple steps behind the person ahead of you. The competitive intensity is gonna be even higher, and you are gonna be at a disadvantage. Genuinely. I don't think you can survive in this game unless you're gonna be at the forefront. And you need to have the open mind. You need to be able to embrace what's offered, available to you. You also need to, I think, be cognizant that errors, hallucinations and so forth creep in very, very easily. And therefore, I think you need that deep domain knowledge and, and you need to be sensible about the way you interpret it all right now. I think that's always gonna stay anyway. But you know, I, the more you read about these things, these, I think I, I can't, maybe your better placed to use the right words. Superhuman intelligence is almost here.

Dr. Bipin Patel (30:18):

And I think it's probably true. And we're in the game of trying to solve medical problems. I think it definitely will help us help solve those problems quicker, faster. I can unfortunately only talk about the healthcare domain space, but I'm sure the commercial sales and marketing people are flat out using all of the AI to figure out the very best ways of closing a deal faster, increase the rates at which they would get their leads and increase their sales performance. So, you know, hoorah, it's, it's, it's happening everywhere. I think it's great. I think it's good. That's what I believe. But we need to, the healthcare game, I think we need to use it now and not say, I'll do it next month. It's already different. I was talking to a colleague in the final closing seconds who's telling me every day there's something new, you know, I can't believe every day there's something new and he can't believe it. And he's been in the game all his life, development, software, engineering, networking, et cetera. So at the forefront of developments, and suddenly this has come along and hit you between the eyeballs. Literally. I'm trying to think, when did we have chat GTP? Right? It was approximately what, just under two years ago?

Michael Roberts (31:37):

Yeah, somewhere in there. Is

Dr. Bipin Patel ([31:38](#)):

That right? Sort of October, November time, '23? Is that about if I'm not wrong?

Michael Roberts ([31:44](#)):

I think so. Yeah.

Dr. Bipin Patel ([31:45](#)):

So look at it now.

Michael Roberts ([31:48](#)):

Yeah. Drastically, drastically. Moving ahead. We'll wrap there. Dr. Patel, thank you so much, Michael.

Dr. Bipin Patel ([31:55](#)):

Pleasure, pleasure to meet you yet again. Yes

Michael Roberts ([31:57](#)):

Sir. Yes

Dr. Bipin Patel ([31:57](#)):

Sir. Look, look forward to another session. I think we should have another chat in three to six months time. Probably. I'll tell you why. 'cause I reckon this conversation will be something different, <laugh>, so

Michael Roberts ([32:08](#)):

Absolutely. Absolutely. It just keeps radically shifting. Conversations with Dr. Patel leave me energized. In our interview, Dr. Patel shared insights into being a founder and a participant in the healthcare ecosystem, and he covered the many changes happening in patient care. To learn more about electronRx, please check out episode 30 in season one for our previous interview and take a look at [electronrx.com](https://electronrx.com). Thank you to our viewers and listeners for joining us for this episode. For more on the Health Connective Show, please visit [hc.show](https://hc.show) for previous episodes and Health Connective as a company.