

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

Welcome to the Health Connective Show. I'm your host, Michael Roberts. Today we're talking to Dr. Bipin Patel, the CEO and founder of UK-based company electronRX. Their mission is to transform the lives of people with breathing disorders, using digital technology to measure changes in lung function. We wanted to have Dr. Patel on to talk about electronRX and its product offerings and how they are making an impact in the UK. Our conversation ended up tackling even broader issues around how we detect disease earlier and how companies in this sector can empower patients further. Dr. Patel, thank you for joining me today. I appreciate you being able to cut some time out of your busy schedule to, to join us here on the Health Connective Show.

Dr. Bipin Patel ([00:51](#)):

Pleasure, Michael, to meet you. And, and I think it's an honor to, to be present with you, with your audience.

Michael Roberts ([00:55](#)):

We're very much looking forward to it, for sure. So, let's jump in and, and have you tell us a little bit about your company, about electronRX. How did it come to be? What does it do? What's the way that you introduce the company to people?

Dr. Bipin Patel ([01:07](#)):

So electronRX, we are, I would best describe it as a, as a, as a digital therapeutics company in the deep tech space. We are focused around cardio respiratory physiology and on a mission to really, I would like to say we are passionate about helping patients. So I want to be very clear about that. And we feel, I feel very strongly about attempting to empower patients to help them understand some of their conditions, in particular, respiratory and cardiac. As you know, and maybe many of the audience know that cardiorespiratory diseases kills two thirds of the population. So you and I am afraid there's a 67% chance that you and I are gonna keel over as a result of cardiorespiratory issue in some shape or form. And I think the challenges around this is the ability to identify conditions at an earlier stage, but also the ability to, to monitor and track any interventions which are prescribed to us to give some real time observational feedback to the patient, but also connect the patient to the physician.

Dr. Bipin Patel ([02:27](#)):

So what normally happens is that we end up getting diagnosis probably rather later than sooner. But also once we have the diagnosis, there are some interventions put in place and you and I are not going to see the physician for some time, months will go by in between and we will get seen probably three months later, maybe six, maybe six weeks later. And not really anybody knows what goes on in between. And therefore the physicians don't really have the proper picture. So what you really require, or of the view and the physicians of the view too that we need some longitudinal information as it comes off. So electronRX is focused around deploying and developing, developing and deploying a digital solutions, which we can scale on a planetary scale. So the first thing that we're up to is a solution that enables patients to monitor their respiratory functions, respiratory physiology based around standard mobile phones. That's the key. But we are capturing physiological signals, combining with other metadata we can capture to really understand how your lung physiology is working, using lots of mathematical algorithms to determine whether you are breathing correctly or incorrectly. And from that, we're able to diagnose conditions or also at the same time determine whether the condition is actually progressing or, or regressing as a result of, of an intervention. That is what we're about.

Michael Roberts ([04:00](#)):

That's amazing. So I'm very curious about how, how that measurement occurs. Because, you know, I have a, a Garmin smart watch that gives me some sort of idea about breathing, but I don't think about anything in terms of how,

Dr. Bipin Patel ([04:13](#)):

So Michael, I think the brilliant question. So we take, look, the body is producing small optical changes, which is what your Garmin watch is doing. It's shining a bit of light into your skin. In our case, we're able to pick up the small light fluctuations resulting from the postural blood flow, from exposed skin. At the same time we have biomechanical movements of the chest. If you stop breathing, your chest stops moving, right? Think about it. That's one aspect. You are also making bits of noise either through your nose or through your mouth because you are, you are breathing. If you're able to capture these type of signals, you can then relate them back to the individual and their condition. That is what we do.

Michael Roberts ([04:56](#)):

Nice. That's, that's amazing.

Dr. Bipin Patel ([04:58](#)):

Nothing, nothing too dissimilar. Let's be absolutely clear. The Garmin watch, I guess as well as the Fitbit or the orderings and all of these tools are doing, I believe very, very similar things. And then they're capturing the similar type of physiological signals. And then the question becomes, how do you present this back to the user? And they are presenting it back to you in some sort of an app form or some sort of a, a feedback. And if you take a few moments out, you can go and look at I think Google Fit or Apple Health and they will give you similar metrics to anybody else. They'll slightly polish them this way and that way, but they are going to give you that information back. Yeah. There is no difference. These are not medical devices. I think that's very clear. So Google will say, I'm not a medical device.

Dr. Bipin Patel ([05:52](#)):

Apple will say the same type of thing. They get very, very close to the edge of becoming one. And they're not, they pull back from that position and say, if there's something wrong with you, I suggest you go and see a doctor. Or if there's nothing wrong with you, and if you feel there's something wrong with you, you better go and see one. Right. So that's where they obligate their responsibilities, a lot of them. And leave you to make your own mind up. Yeah. We are in the position of building software as a medical device. These are class IIa or class IIb medical devices regulated. That's where the difficulties start. And that's where we position ourselves.

Michael Roberts ([06:27](#)):

Sure. Because that's the, the thing about having this watch is it's great that I'm getting all this information, but my doctor doesn't wanna see any of this information.

Dr. Bipin Patel ([06:34](#)):

So Michael, that's the problem, because they're not interested. There's too many patients turning up saying, look at all this. The problem is, you know, I hate to be controversial, but you need to ask yourself the question, what is the purpose of the Garmin watch?

Michael Roberts (06:48):
Mm-Hmm. <affirmative>,

Dr. Bipin Patel (06:50):
I'm assuming Garmin manufactures the watches.

Michael Roberts (06:55):
Mm-Hmm.

Dr. Bipin Patel (06:55):
<affirmative> to sell you. The watch probably sells you in-app purchases.

Michael Roberts (07:00):
Mm-Hmm. <affirmative>

Dr. Bipin Patel (07:02):
To probably make you feel pretty cool <laugh> that it's measuring your heart rate, it's measuring this, that and the other. And probably make you feel even cooler if you think you are going to run a marathon

Michael Roberts (07:15):
Mm-Hmm.

Dr. Bipin Patel (07:15):
<affirmative> in two hours, and you can do it in one hour 45 because you feel that your resting heart rate is much lower than it should be because you think you're feeling much more healthier, that you haven't had a Cadbury cream egg and shot your issuing levels to, to super speak spike levels. And it's come right down and, you know, I'm becoming quite skeptical about this as many of the professionals do. What are the purposes of these things, you know? Mm-Hmm. <affirmative>, I can understand the Fitbit component that it's gonna tell you about number of steps you've done. Mm-Hmm. <affirmative> number of rowing things you've done. Maybe, I don't know what else you ever do you know how many star jumps you've done? Mm-Hmm. <affirmative>. I, I don't know Michael, but that's what the GP is asking the question. Yeah. How, how is this helpful to me as a physician attempting to perhaps understand or diagnose a patient for the complaint that they are sitting opposite me, telling me about?

Michael Roberts (08:19):
Mm-Hmm. <affirmative>. Yeah. Absolutely. Absolutely.

Dr. Bipin Patel (08:21):
I think that's, that's where the challenges lies. So I had a Google Pixel watch up until three days ago till I dropped it. <laugh>. I have been wearing it, it does tell me about my heart rate. In fact, it even tells you about, I shouldn't be advertising them, but it tells you about, you can capture a two lead ECG, it tells you that you are in sinus rhythm. But it also says, this is not medical advice. If you think there's something wrong with you, you better go and look at it. So what is it? What is it doing?

Michael Roberts (08:56):
Mm-Hmm. <affirmative>,

Dr. Bipin Patel (08:56):
You know, it's quite an interesting question now. All of these things.

Michael Roberts (09:00):
Yeah. It's interesting too because I'm based in the United States, here in the UK, and so I know in the United States, we already have a lot of different issues about data that I may get from my local GP may not go to the hospital if I have independent practices that I'm working with. There may be no data exchange whatsoever. So there's no, you know, national repository or anything like that where that information just automatically goes. So we already have too much siloing of information here in the States. I don't know how that compares to the UK, but I know that we've got a lot of problems where we have a lot of unconnected data already. And then again, being in the United States like we are, there are ways that we can move towards trying to connect that data more effectively. But there's so many different consumer privacy issues, so many different health privacy issues. So there's a lot that we have to figure out for sure here in the States about what we would do with any of this information and how it can be beneficial anyway.

Dr. Bipin Patel (09:58):
I think Michael, the, in fact, I've got an employee from the United States, and we were talking about this over lunch today, briefly by the water cooler exercise. And, um, my understanding is a lot of US residents nationals have the depo raise data average deposited in six or seven different places, and they don't talk to each other. So in the uk we are fortunate that we have a national health, national health service, but it's a taxpayer service. So we have all the inefficiencies built in, a massive monolith of, you know, billions being spent. Yes, it does. The, the information does exist there. But trying to access that is, is another challenge I think, I dunno about you, but I believe now that, um, we individuals can put our information into the new technology that's out there, these extremely high quality large learning models that are coming together. Agentic AI, where you stitching numerous models together. And I think, I genuinely believe that we will very shortly as individuals take control of our own bits of info.

Michael Roberts (11:16):
Mm-Hmm. <affirmative>

Dr. Bipin Patel (11:16):
These things are becoming quite accurate with time. I think they can only become more accurate, which means they'll be able to inform us, and somebody will have to listen to all this stuff that it pops out as potential recommendations. So I think that's where we're going. That's what I, and it's evident, it's really evident out there already. That's what's happening. So I think that's what we should be focusing on. You need to empower the individual because as you say, you've got your Garmin and I'm assuming you've been collecting all this stuff for several years. And it's sitting in there. So who's got it and what is Garmin doing with it? What are they doing? I know you've probably given them consent to use it, which you have because you have no choice, because you haven't read the terms and conditions. Nobody reads them. Who reads them?

Michael Roberts (12:04):

Mm-Hmm. <affirmative>.

Dr. Bipin Patel ([12:04](#)):

Let's be realistic. So at some point these people will commercialize all of this stuff. I think I read the other day, somebody's put together some, I thought TikTok or somebody has put some algorithm together, which is scraping the internet at some colossal speed to capture huge amounts of swathes of knowledge. So what's it doing? Does it disregard all the privacy statements that exist on the websites, which says no automated bots should be collecting my info. And if then if they do, how are you going to, to ever, um, police any of that?

Michael Roberts ([12:45](#)):

Right. What kind of opt out? Yeah. Measurements are you impossible for something like that?

Dr. Bipin Patel ([12:50](#)):

I dunno where this was going, Michael, but that's, that's my thought. I'm just sharing. Yeah, no, it's personal opinions here.

Michael Roberts ([12:54](#)):

That's interesting. I, I, and I'm, I'm curious as to how is electronRX kind of participating in that environment? So let's talk about like the individual first. 'cause looking through the material on your website, looking through material about your company specializing in providing services, respiratory conditions like asthma, COPD, interstitial lung disease, pulmonary hypertension. So what are the product offerings for people? And then how are they using that to be more empowered?

Dr. Bipin Patel ([13:21](#)):

So Michael, two, two components we are building, we have a software as a medical device for intended uses for clinical research. We are still going through the, the regulatory processes. Where we're heading is, this is a currently a clinical research tool to help us better understand, potentially diagnose patients for patients who are either in clinical investigations or post-market surveillance. For research purposes. Where we're going is that we have a tool which is now designed for mass screening of respiratory conditions, in particular COPD, early stages of it, or those patients who haven't quite been identified yet, unless you turn up with some coughs and colds and spluttering. And the physician is of the view that you now need to go down this highly complex intricate, uh, diagnostic pathway, which is all rather costly. And you may have a mixed disease or you may have interstitial disease, you may have pulmonary arterial hypertension, which is quite rare. So I think that's where we're heading. My understanding is if you look on the internet, it tells you that there are something between 300 to half a million, 500 million patients with lung conditions. So I think Michael, the, the mission here is can we identify stage patients with early conditions so we can go and do something about this, but at the same time, can we find patients who are on treatments where the treatment is not actually being followed correctly or is not working for these people? That's where we're heading.

Michael Roberts ([14:53](#)):

Excellent. So one of the companies that, that we've come across, and I'm starting to hear this kind of story more, more often, but there's a company here in, uh, based out of the US called Canary Medical, and they work with, one of the areas that they're in is in orthopedics for like knee implants. And so there's a little transmitter and it's collecting data and all of that. And so along the way, what they're

starting to do then is analyzing the gait of the patient that now has this new knee, this new replacement knee, are they getting full range of motion? Are they getting everything that they should be doing? Are they developing other problems alongside just the knee itself? And so that's, that's where it's so fascinating is what

Dr. Bipin Patel ([15:36](#)):

<crosstalk>, so Michael, that's, that's, that's where we're taking the, the respiratory component to work out whether the patient's condition is actually deteriorating or is it improving, and could we potentially provide little nudges to make small lifetime change lifestyle changes and choose the more healthier options we have? That is where all of this is going. And we are focusing on the respiratory piece. That's what we're doing. That's where we're going. So to answer your question, the service component, look, we're still a startup within the place position of offering our services. We do offer those services, research programs, design partnerships, and we are expecting to have an approved solution over the next 12 to 18 months. It's in the regulatory process. That's where we are.

Michael Roberts ([16:22](#)):

Okay. And you're getting approved like in the European markets.

Dr. Bipin Patel ([16:26](#)):

European market, but in parallel with, with the US too.

Michael Roberts ([16:29](#)):

Okay. Same time.

Dr. Bipin Patel ([16:29](#)):

So it, it's, it's, it's harmonized and we can do both.

Michael Roberts ([16:31](#)):

That's great. That's where we're that's great. The way that you're envisioning how people would interact with it, I guess like on the first, first time for the first pass, is this a consumer app that people go and find themselves? Is this something that a physician prescribes to me? Like how would I interact with it the first time?

Dr. Bipin Patel ([16:47](#)):

I think Michael, the, the, there are two options. Look, I see the final version as very little interaction with the patient or the individual. So you want it operating in the background with obviously full patient consent and the patient's own the information and they decide to share it with their physician. So how do you find it? I think the challenge is the following. You need to give it to the user. That's the bottom line. So where's the pain points? The pain points are, patients don't want to go into hospitals for continuous tests. So you want to try and do this in the comfort of your home or elsewhere in a passive sense. You don't wanna be interacting with all of these things all the time. If you overcome those pain points, you've gotta get it to the physician, to the patient. Somehow the physician has to be involved in the mix because they are the going to be the people who derive the value and the information required to help the patient. And then what I envisage here is that this ought to be available at no cost to the patients. Somehow it's either the, the physicians or the hospital systems or the insurance systems

should be allocating small amounts of resource to provide this tool because they're the beneficiaries of all of this. They will be making the cost savings, improving the therapeutic outcomes. The pharmaceutical companies should be the ones who are bearing the cost for these type of technologies in a similar way to, if you start thinking about why is WhatsApp still free?

Michael Roberts ([18:15](#)):

Mm-Hmm. <affirmative>.

Dr. Bipin Patel ([18:16](#)):

You need to think of it in those type of levels. That's where we are. Yeah. Why is Facebook still free? Why is Google giving us all of this free stuff? Mm-Hmm.

Michael Roberts ([18:27](#)):

<affirmative>.

Dr. Bipin Patel ([18:28](#)):

Yeah. That's, that's where it lands. I think that's where it lands on hundreds of millions of people.

Michael Roberts ([18:33](#)):

Yeah. So in my family, we have a, a chronic patient with not any of the kind of conditions we're talking about, but very regularly I'll get notifications from my insurance that, Hey, we found a way for you to be able to take this medicine instead. And this one's more, you know, cost effective. And there are different things that I'm definitely hearing. So, because when I think about it in the US you know, again, if, if I may not choose to continue to go to the same healthcare system, like in the past with the chronic patient that we have in our family, we've had a scenario where we had to say, I don't think this doctor is working out. We need a different, a different plan here. And we were able to find another way to, to go. And that's the advantage and disadvantage of the American healthcare system. So there's, there's pluses and minuses there. So in terms of like who would pay for it here, I, the insurance makes a lot of sense to me for that sort of thing. And then I'm trying to think like, because I don't feel like

Dr. Bipin Patel ([19:34](#)):

It's in the interest of the insurance companies, Michael, because, so what's the value proposition? Well, they can keep their patients engaged to get the patients to comply with and adhere to the intervention. Perhaps identify the individuals who need different interventions or, or different care early. The longer you leave it, the more it costs. Insurance companies, I'm sure you know, they make money by not paying out,

Michael Roberts ([20:05](#)):

Right?

Dr. Bipin Patel ([20:06](#)):

Correct. So if they can stop people paying out longer, their profit margins are greater. Mm-Hmm.

Michael Roberts ([20:13](#)):

<affirmative>

Dr. Bipin Patel (20:14):

That is what they need to do to do that. They need to keep the people healthy. So if you look at the vitality model where they incentivize the individual to stay healthy, they give you points, they give you this, they give you that, they give you free flights, all the rest of it to stop you claiming, don't they? Mm-Hmm. <affirmative> think about it.

Michael Roberts (20:34):

Yeah. Yeah.

Dr. Bipin Patel (20:35):

That's the issue here, not the issue. So they should be interested in all of this type of stuff, but are they really interested of Absolutely. It's actually quite difficult to have conversations with these folks.

Michael Roberts (20:47):

Oh, I'm sure. I'm sure. And from what little, I've had conversations with folks on the insurance side. It's easy as a patient and, and even having talked with orthopedic surgeons and, and some of the different work that we do where you get this feel of like, the insurance is the bad guy and it's us against them and all of that kind of stuff. But you know, I, I have had the chance to hear from insurance companies saying like, we're trying to help but look at all these inefficiencies, look at all these different things where the old way of doing it is just not working for us. Right. We're not progressing in, in the way that we need to. And

Dr. Bipin Patel (21:20):

So Michael, they insurance companies, at least in the UK and Europe, they are slow to change.

Michael Roberts (21:28):

Yeah. US as well. <laugh>.

Dr. Bipin Patel (21:30):

So do they innovate? I've absolute no bloody idea. They don't seem to, they don't have any budgets to do any r and d. We've been there already, you know, massive Goliaths, like Swiss Re for example, United Insurance. I think United Healthcare, isn't it, in the, in the US massive organizations, you try and find your way through that system to offer something to these folks. It's difficult to navigate. I think the recognition is there that these are the challenges. There has to be some processes in place to capture these new innovations that genuinely help to move the needle. Mm-Hmm.

Michael Roberts (22:06):

<affirmative>,

Dr. Bipin Patel (22:07):

I think they're not all bad guys. I don't think they are. I understand the complexities, but somehow somebody needs to take ownership of these problems. And do they really take ownership of them? I don't know. I don't think so. They're left lying around on the table. The crumbs are there, but nobody's picking them up. Or there's no incentive to pick them up because we should carry on doing what we do 24 7 and we're still gonna get salaried, we're still gonna get paid and we're happy to continue this way.

Michael Roberts ([22:32](#)):
Mm-Hmm. <affirmative>.

Dr. Bipin Patel ([22:32](#)):
But I think end of the day it has to come back down to, to patients and patient advocacy groups. Those who shout the loudest are gonna probably gonna get heard.

Michael Roberts ([22:40](#)):
Mm-Hmm. <affirmative>. How does a, a company like Electron RX then look to like patient advocacy groups? What are the ways that, or how could flip that around? How could patient advocacy groups come to somebody like you?

Dr. Bipin Patel ([22:53](#)):
I think Michael, we, we just recently partner up with pulmonary arterial hypertension society in Europe with lots of people in there. So we feel that if we are able to address those challenges of those patients who finally got together, who want to voice their concerns and get their opinions heard by those who in reality control their lives, don't they, or in reality these patients' lives are in the hands of pharmaceutical companies or the insurance companies who pay for their therapeutics. So we are working with groups like that. And I feel that if we can help to alleviate and understand the, the pain points of the patients, they are, end of the day are the, the consumers of the offerings of the healthcare providers. 'cause that's how they generate their revenue, don't they? Because if the patients disappeared tomorrow morning, none of these organizations would exist.

Michael Roberts ([23:55](#)):
Right, right. Absolutely.

Dr. Bipin Patel ([23:57](#)):
If we try and say we think we have a better solution for your patients to any of these three groups, there are huge barriers to entry. It's difficult. It is quite hard actually to get their attention or find the right people who are genuinely interested in, in helping patients. .

Michael Roberts ([24:16](#)):
Mm-Hmm <affirmative>. When I think about like, the different groups that we've worked with, patient advocacy groups that we've worked with as a family for our family member, you know, the one, just knowing that you're not alone is such a big deal. But then two, like having some sort of like, hey, this is how you can actually find some sort of way forward. But I think that for us it's always been, can we get some sort of early detection scenario? Can we find, you know, we're on the dealing in like the gastro space and so can we find something that's an earlier marker so that my family member doesn't get into extreme discomfort, doesn't get into all these things.

Dr. Bipin Patel ([24:48](#)):
So Michael, I think from, from this podcast, if you're able to get this information in front of those who are, have the power to make something happen, and those people, I believe the owners of this problem are, in my view, the chief medical officers of these organizations who realize and value the, the fact that they need to do something. The members of the board who run these companies, who have the power

to make it happen. The CEOs, the board of governors, as soon as you go layers below that, these are the operational folks who keep the wheels turning. Are they really interested in helping you and your family members? You know, that's a big question. I think they probably are. Maybe they're powerless to do it. So if these people are really interested, they should come outta the system and talk to people like yourselves and myself and others who are trying really hard, who, we exist because we genuinely believe and care about those who are either gonna be, who are at risk of becoming sick, who are already sick and gonna get worse.

Dr. Bipin Patel ([26:07](#)):

You know, maybe we should ask the question to patients who, who do you think cares about you? You know, the family members will care about them. Do you think the people who have manufactured and delivered the therapeutic cares about them? Do you think the physician who's examining them cares about them after they've left the practice? It's those fundamental questions. The people who care about it are family members, don't they? Yeah. Yeah. We want the best for our loved ones. We want the best treatment. We want to discover if I'm going to have a, an asthma attack, for example, I want to discover if I'm eating too many sugars too often, chocolate, the glucose spiking that's taking place, the insulin that's actually trying to, trying to get pumped out to get your sugar levels down. Does this problem compound itself with time? And if I'm at risk of having diabetes, am I going to fall into the category of being a pre-diabetic? What do I need to do? I think I have this feeling, Michael, it's coming down to taking charge of, of our own destiny in a way and having a better understanding of our bodies and ourselves. And we need to be enriched with this information.

Michael Roberts ([27:25](#)):

Mm-Hmm. <affirmative>. Yeah. When I think about like what either I've seen work well or what I've seen others be able to do, it is this combination of things. Finding the doctor that will help, finding the patient advocacy group that will help finding the, the right type of treatment, you know, that, that people seem to be more invested in. I will say I've been to several conferences over the, this year from a medical device side here in the States and a lot of different investors and everything. And, and I do see a lot of companies that are looking for innovative ways, but for a couple of different reasons. One, how do they help their patients better? How do they make money in a different way? And so there is this kind of altruistic but also profit driven conversation that goes into this. And we all have to make a living. So I get it. But, but it is interesting on how people are trying to tackle that scenario. So I have hope, but it, it is very much, it is very much on each of our plates to be our own advocates first and figure out who we can trust, how we, how we go from there.

Dr. Bipin Patel ([28:23](#)):

I think we are at a point where we can take charge of our own destinies simply because if you look at what's been happening for the last 18, 24 months, the arrival of careful here now, so use the word I was gonna use the word technologies, like not just AI, AI is a big term, but underneath that you have these things called machine learning, and deep learning, and neural networks and large learning models. These are genuinely repositories of large volumes of intelligence concentrated in one place, which can look at numerous components that you have captured yourself, which will know you better than anybody else. If it knows you better than anybody else, you can then interrogate it to tell you what is exactly happening around you. That's where we are, Michael. So I think we as individuals probably will take charge of what we are, what we're about to follow because we, we will know more about ourselves with these new technologies which are improving at exponential rates.

Dr. Bipin Patel ([29:46](#)):

That is empowerment. And I think that's, that's what it is. And I, and it's not, it's not very far away. We will see this within years actually, or less 'cause the rate at which things are changing. So that's that, that's what I feel. So I think patient advocacy groups, those collections of people who are trustworthy, who are honest about the whole situation. And I think those groups only care about how to live a less have, how to live the best lifestyle, how to live the best life you can in a highly complex, demanding, challenging environment. Because they are suffering from that, aren't they? Right. They're not, they're not doing it for the money, are they?

Michael Roberts ([30:35](#)):

Right. Right.

Dr. Bipin Patel ([30:37](#)):

So we're able to separate that out.

Michael Roberts ([30:39](#)):

Yeah, absolutely. This is a great place to wrap up. I, I like where we're talking about how we can use these different AI models that are coming out. I do hope that we can get more like medical grade versions of something like chat GPT where I can feel, you know, safer about putting my information in there and, and better about what information I'm getting back. But yeah, absolutely. Patient advocacy groups made a huge, huge difference in our lives. It's made such a big impact. And um.

Dr. Bipin Patel ([31:04](#)):

I think, just finally, I was gonna say, Michael, the we will be faced, we have the challenges of making sure these are regulated under the FDA and I think FDA is under tremendous challenges as well as the, the, the MHRA and also the, the authorities in Japan, which I'm familiar with. I think the, these are coming around the corner and yes, they'll need to be very carefully tested. Things are not perfect, but nothing can be perfect for a space of time. But these opportunities, these technologies will be able to, to learn about the individual and personalize. That's where we're going.

Michael Roberts ([31:40](#)):

Yeah. Yeah.

Dr. Bipin Patel ([31:41](#)):

That's where we going.

Michael Roberts ([31:42](#)):

That's exciting. And electronRX is a part of that by giving us that kind of information.

Dr. Bipin Patel ([31:47](#)):

I think so Michael, I think, I think that's where we're heading. We are focusing on one specific area, but using these type of technologies we can personalize to deliver personalized solutions around individual.

Michael Roberts ([32:00](#)):

Absolutely.

Dr. Bipin Patel ([32:00](#)):

Individual digital signatures. That's where we're heading.

Michael Roberts ([32:03](#)):

Wonderful. Dr. Patel, thank you so much. Thanks so much for your time today. In our interview, Dr. Patel gave us a look at his company electronRx and how their products are designed to improve the lives of patients with respiratory conditions. To learn more about Dr. Patel and electronRX, check out electronrx.com. I'm deeply appreciative for the opportunity to think through how the work that we in the medical technology industry is making an impact. It gives us the chance to think about what challenges we need to overcome and how we can more directly help patients going through these difficult times. Thank you to our listeners for joining us for this episode. For more on the Health Connective Show, please visit hc.show for previous episodes and Health Connective as a company.