

Interview with Dr. Yo Iwami, CEO of MedPeer

# C ollective Intelligence from IT to Support Doctors & Help Patients – the Story of Japanese Healthcare Venture MedPeer

By Japan SPOTLIGHT

The medical and healthcare business is an area where we can find great innovation and entrepreneurship, especially during the current pandemic, as necessity is indeed the mother of invention. Vaccines have certainly been the most remarkable inventions during the pandemic. Telemedicine is another innovation in progress under the pandemic, born of an increasing need for people to maintain social distance, as going to crowded hospitals for medical consultations carries the risk of spreading infections.

MedPeer, founded in 2004, started to explore the sharing of medical knowledge and know-how among doctors and patients through IT, aiming at creating collective intelligence among doctors and helping patients with this collective knowledge. Thus it is a pioneer in the application of IT for medical and healthcare work. *Japan SPOTLIGHT* interviewed Dr. Yo Iwami, CEO of MedPeer.

(Interviewed on March 24, 2021)

## Introduction

**JS:** First of all, could you please introduce yourself and your company briefly?

**Iwami:** I am from Sakura city in Chiba Prefecture and graduated from the Department of Medicine of Shinshu University in Nagano in 1999, and then joined the Section of Cardiology at Tokyo Women's Medical University Hospital. I was then thinking about my career as a clinician and never thought about starting a business. However, between 1999 and 2004 there were an increasing number of medical litigations and distrust in medicine was spreading across the nation. Reflecting on this situation, I started thinking about how to address this distrust in medicine as an individual as well as a medical doctor. One way of contributing might have been to become involved in the policy making process in a public organization such as the Ministry of Health, Labour and Welfare. But then I thought there ought to be a way for a private business to help resolve such a social issue, and so I founded Medical Oblige Inc. in 2004.

In 2007, I started up a specialized website for medical doctors called "Next Doctors" (now called MedPeer) in the hope of achieving our mission of "Supporting Doctors, Helping Patients". I thought that strengthening collaboration among medical doctors on the basis of shared information and know-how would lead to supporting doctors



Dr. Yo Iwami

and helping patients. At the beginning, the business did not pay well and I was struggling for satisfactory outcomes, but "the bulletin board of assessment on medicine" that started in May 2010 on the MedPeer site was a major breakthrough for our business. That was a service providing information on assessments of medicine on behalf of medical doctors. There had been no service as such in Japan thus far. Thanks to this, our company finally had a surplus for the first time in 2012 since its foundation, and then in 2014 it got listed on the Tokyo Stock Exchange Mothers. With the increased main pillars of our services, we moved onto the First Section of the Tokyo Stock Exchange in 2020.

## Main Pillars of MedPeer's Business Services

**JS:** When you started your business, your goal was the renewal of medical services by promoting shared information among doctors and achieving collective intelligence. Meanwhile, in this time of pandemic, we see "telemedicine" is suddenly a topical issue nationwide. Would this be in your business territory now?

**Iwami:** There are three main pillars of our business. The first one is what we call a collective intelligence platform. This is a platform for

information provision for expert groups such as “MedPeer”, our website restricted to the community of medical doctors, or “Yakumed” restricted to pharmacists. The second one is a platform for preventive medicine, a service related to preventive medicine providing guidance on meals by registered dietitians for those with concerns about their health following medical examinations or occupational health support for business firms. The third is a “primary care platform”, providing supporting services for primary care doctors or primary care pharmacies.

This third category started only two years ago, but we are now convinced of its utility. More specifically, we provide two kinds of services, one for primary care pharmacies called “Kakari” and the other for primary care clinics called “Kakari for Clinics”. We started in 2020 an online medical consultation service within “Kakari for Clinics”. Our business is often considered to develop as one that provides customers with online consultation services, but we believe that online consultation is not a goal but a means for treatment. What we believe to be the most important merit of our services is that medical doctors and patients, or pharmacists and patients can get connected with each other through smartphone applications. Our “Kakari for Clinics” is a smartphone application with functions such as reservations for consultation, two-way chat and online diagnosis. A patient can choose an online consultation or face-to-face consultation depending upon their situation in the process of searching for a hospital and consulting with a primary care doctor. So as a result of this online communication with primary care doctors there could be a case of online diagnosis, which is what we call “telemedicine”. This is the uniqueness of our service.

## IT & Japanese Medical Service

**JS: Do you think online medical information provision or communication between doctors, pharmacists and patients will continue even after the end of the pandemic?**

**Iwami:** I do not think we will return to the situation before the pandemic. It is certainly true that the pandemic has radically transformed the nature of our medical service provided on the spot. But this change had already started even before the pandemic. Certainly, sometime before, doctors would not have had much to do but sit in a chair in their consultation office and wait for patients. But now this is over. At that time, doctors had an absolute authority comparable to paternalism in an ancient family, but now they are expected to increase the quality of their services as a reliable advisor. Doctors and hospitals are thus asked to have more dialogue with patients now. In this light, it is good for them to have an online means of communication to connect with patients, even though it was the tragedy of the pandemic that triggered this change.

**JS: In general, the adoption of IT in Japanese medicine has not made much progress. With the pandemic, will this change or will there be any obstacles to prevent it?**

**Iwami:** I think IT will prevail in Japanese medicine and I believe we have to promote it. This pandemic has reminded us of healthcare workers being exposed to a high risk of mortality from the pandemic. They must work in a place where they could die. In order to avoid such risk, we need to promote online tools for consultation and diagnosis. If there is any factor preventing the progress of IT utilization in Japanese medicine, it would be a medical service provision system too well accommodated. Everyone is guaranteed under public healthcare insurance free access to medical services in hospitals, and any patient can meet with any doctor at any time, which is relatively unusual in the world.

This has enabled patients to have face-to-face meetings with doctors and thus digital transformation has not made good progress so far.

## Pandemic & Ventures in Medicine

**JS: We believe this pandemic could create the seeds of innovation in various areas. Do you think start-up companies will increase in the area of medicine?**

**Iwami:** Even before the pandemic, we have seen start-ups increasing in the area of medicine and health care in Japan, as well as in other countries. We are the co-sponsor with the *Nihon Keizai Journal* of a global conference called “Healthtech/Sum” (healthcare technology summits) and thus observe the latest trends among medical start-ups in the world, including those in Silicon Valley. We have seen a drastic decrease in medical and healthcare start-ups in Japan in 2020 as well as in cases of their financing. It looks like all development stopped in this area in 2020. Meanwhile, in the United States, such start-ups recorded their highest level in 2020. Thus, we see the perception of risk or risk money in Japan is very contradictory to that in the US. But I think that in Japan we will now see a rapidly rising number of start-ups.

**JS: The most significant innovations under the pandemic must be vaccines. There are now a variety of vaccines developed by some pharmaceutical companies and R&D of therapeutics for Covid-19 is also under progress. Are you prepared to provide information on these vaccines and therapeutics?**

**Iwami:** In the light of our mission “Supporting Doctors”, it would be important for us to provide unbiased information on them. On the

difference between these developed vaccines, there would be some information made public only by each vaccine producer and some not to be made public. In this light, the information to be shared without any bias by the doctors taking care of patients having the vaccines would be most likely a possibility of the vaccines causing a side reaction in a person in good health. Also, I believe that Japanese in general tend to be extremely afraid of risks. Based on a good understanding about such a particular national character of Japanese, I think it would be necessary to be prudent in providing the information about the vaccines.

**JS: Looking at your board members, there seems to be a great diversity in their backgrounds. Does this mean you are determined to promote Japanese medicine through diversity of knowledge regardless of speciality?**

**Iwami:** I think we need three kinds of human resources for board members of a health tech company. The first is medical doctors working inside the medical service, like myself. This area is extremely professional and their unique professional knowledge would be hard to access from outside of the medical professionals' community. Only medical professionals could see the business issue in this area. There are also many stakeholders in this business and the working experience of a medical doctor would be important in this regard. The second one is a Chief Operations Officer (COO), a business professional, an expert in earning stable profits, which is a challenge in this healthcare business. Thirdly, we need technology experts in IT to achieve a big impact on the business. Without these three kinds of experts, we would not be able to achieve a stable business performance. So our board member structure reflects this belief.

**JS: In Silicon Valley, there are a variety of medical ventures starting up. It does not seem to be unusual to see a completely new medical and healthcare business with collaboration between IT experts and medical experts. Do you think such ventures will increase?**

**Iwami:** To our knowledge, there are a little less than 90 doctors in Japan who have started up a business. This means that starting up a business could be an alternative career path for a doctor in Japan now, even though there are not so many pursuing it.

**JS: There will be many gig-workers born as telework prevails under the pandemic. They work on a job without being bound by an organization's interests. Could such a change of working style trigger an**

**increase in start-up companies?**

**Iwami:** In our age, that happens regardless of a pandemic. We live in an age where a side-business is recommended. If a side-business contributes to the performance of the principal business, we will see a change of perception about side-businesses, which would encourage side-businesses among employees in a company. So I think the psychological barriers to start-ups will be lowered. In addition, we now have a working environment for collaboration without having face-to-face meetings. So we do expect a rise in start-ups through collaboration.

## Future Goals & Plans

**JS: Could you please tell us of your future goals or plans?**

**Iwami:** We are now finally starting to see a clear perspective of the three main pillars of our business. I believe each of them will have a substantive social impact and then we would be actively working on those three principal jobs. On the other hand, having worked on services for sharing medical and healthcare related information to supporting services for primary care doctors or pharmacists, we are now dealing with more valuable but high-risk information like that on the medicine that an individual person is taking. This is a highly sensitive area of work for our health tech industry. In the future, it will be possible for us to deal with genetic information vital to human life and considered ultimately personal information. In this light, we have a grave responsibility to protect the security of such sensitive personal information.

**JS: You started up a company triggered by increasing social distrust in medicine, as you mentioned. This means that you are a social entrepreneur. Do you think social entrepreneurs will increase from now on?**

**Iwami:** As I believe that all companies are working to resolve social issues, I think anybody in connection with a company must be some sort of social entrepreneur. If changes happen in the future, there will be increasing numbers of people contemplating starting a new business rather than just trying to be a principal player in the business. There does seem to be a generation gap in thinking about business. I think people in succeeding and future generations would respect more the social contribution of business. I think this current trend among young people is encouraging. **JS**

Written by Naoyuki Haraoka, editor-in-chief of *Japan SPOTLIGHT*, with the cooperation of Naoko Sakai who is a freelance writer.