



# Steven Error of SOLO-DEX: In Light Of The Pandemic, Here Are The 5 Things We Need To Do To Improve The US Healthcare System

An Interview With Luke Kervin



Luke Kervin, Co-Founder of PatientPop



The interplay between health and economics needs to evolve. Reimbursement for a particular procedure, pharmaceutical or vaccine should be as responsive to innovation as the therapeutic itself. Access to healthcare is cumbersome.

**T**he COVID-19 Pandemic taught all of us many things. One of the sectors that the pandemic put a spotlight on was the healthcare industry. The pandemic showed the resilience of the US healthcare system, but it also pointed out some important areas in need of improvement.

*In our interview series called “In Light Of The Pandemic, Here Are The 5 Things We Need To Do To Improve The US Healthcare System”, we are interviewing doctors, hospital administrators, nursing home administrators, and healthcare leaders who can share lessons they learned from the pandemic about how we need to improve the US Healthcare System.*

*As a part of this series, I had the pleasure to interview Steven Eror Solo-Dex, Inc.*

*Steven C. Eror is a member of the American Society of Regional Anesthesia and Pain Medicine, CEO and director of SOLO-DEX Inc.*

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**Thank you so much for joining us in this interview series! Before we dive into our interview, our readers would like to get to know you a bit. Can you tell us a bit about your backstory and a bit about what brought you to this specific career path?**

**I** got a lot of business education, became an internationalist and a successful intrapreneur. Then, halfway through my career I discovered that biotechnology, biopharma, and medical technology really matter. My focus shifted to make a difference in the human condition. Doing what matters counts.

**Can you share the most interesting story that happened to you since you began your career?**

Many believe that challenges present in the form of daunting resistance to success. I have learned the challenge really begins with success.

**Can you share a story about the funniest mistake you made when you were first starting? Can you tell us what lesson you learned from that?**

This is embarrassing. Early on, I nearly joined a company lured by technology, attractive personalities and challenge. Just one thing... I neglected to review the balance sheet and call some of the investors. What a near miss.

**Can you please give us your favorite “Life Lesson Quote”? Can you share how that was relevant to you in your life?**

**Are you working on any exciting new projects now? Indeed I am. How do you think that will help people?**

I am working on a project to increase the usage of regional anesthesia — it’s called Solo-Dex. Today, general anesthesia should be last resort, not a routine practice for the management of acute pain. We are not talking about being awake for surgery, we are talking about rapid, uneventful recovery, avoiding the manipulation of the airway, improved cognition post-surgery and the avoidance of dependence upon oral opioids. Solo-Dex is introducing regional anesthesia that can be performed for most orthopedic procedures by most anesthesiologists. One day, general anesthesia will be like blood-letting 150 years ago; not particularly targeted and brutal. A friend of mine just lost his mother. She fell and broke her hip. During hip replacement surgery she received general anesthesia. Aging and somewhat challenged cognitively, she never regained her mental stability, she suffered and died. Regional anesthesia may not have guaranteed a different outcome, but it would have been a wonderful alternative for her and other elderly patients.

**Ok, thank you for that. Let’s now jump to the main focus of our interview. The COVID-19 pandemic has put intense pressure on the American healthcare system. Some healthcare systems were at a complete loss as to how to handle this crisis. Can you share with our readers a few examples of where we’ve seen the U.S. healthcare system struggle? How do you think we can correct these specific issues moving forward?**

The COVID-19 pandemic has ushered in a tremendous amount of change, with

pervasive lockdowns, masks, and social distancing, as well as extended waiting periods or unanticipated cancellations of some surgical procedures. Behind the surgical drape, it may be less obvious that changes are also occurring in anesthesia practices.

Within the healthcare system, the use of regional anesthesia or nerve blocks, coupled with light sedation, is reported to double if the UK's NHS plan succeeds to slash its mounting waiting lists and reduce risk of covid-19. Regional anesthesia is administered by injecting an anesthetic near the nerve, numbing only that specific area of the body. Regional anesthesia is now recommended for hip and knee replacements, some hernia operations, minor gynecological procedures, and surgery for hemorrhoids — as well as shoulder, arm, hand, knee, and foot injuries.

In its continuous form, regional anesthesia is achieved by placing a catheter to modulate anesthesia for hours or days. A patient's willingness to receive regional anesthesia may shorten the wait time for surgery and reduce COVID-19 risks to the patient and the surgical team.

Research shows that patients given a local anesthetic are less likely to be infected by COVID-19. Other benefits include fewer side effects such as prolonged sedation, nausea, and vomiting, as well as faster discharge. Some patients may have the option to take a compact indwelling catheter home that manages pain for 72 hours or longer. Once the patient is home, the need for the use of oral narcotics may be greatly reduced or eliminated altogether.

The pandemic has changed our lives in both good and bad ways. On the positive side, it has sped up the rate of adoption of certain trends that were already in place before it arrived. Regional anesthesia has always made sense, but with a poignant new need to reduce exposure to COVID-19 — coupled with technology that makes it far easier to use — it is here to stay. The benefits include reduced anesthesia risk, higher patient satisfaction, lower costs, reduced exposure to COVID-19, and reduced or eliminated oral narcotics.

**Of course, the story was not entirely negative. Healthcare professionals were**

**true heroes on the front lines of the crisis. The COVID vaccines are saving millions of lives. Can you share a few ways that our healthcare system really did well? If you can, please share a story or example.**

Charles Darwin pointed out that survival requires adaptation. Medicine as culture has been subject to massive external forces. Change was inevitable and habits were replaced by thoughtful solutions. Anesthesia is just one example where the approach has shifted toward the increased use of regional anesthesia; an approach which is likely to survive the pandemic. The Covid story is still unfolding and our readiness for future disease is no longer passive, nor has our survival been at the mercy of economic success. I think we have all learned that health may be what matters the most.

**Here is the primary question of our discussion. As a healthcare leader can you share 5 changes that need to be made to improve the overall US healthcare system? Please share a story or example for each. That is an epic question.**

1. The interplay between health and economics needs to evolve. Reimbursement for a particular procedure, pharmaceutical or vaccine should be as responsive to innovation as the therapeutic itself. Access to healthcare is cumbersome.
2. Regulatory bodies are more interested in perpetuating themselves than actually helping new innovation come forward. Artificial intelligence may give human kind access to solutions that are not evident to the brightest among us. Despite this amazing innovation the regulations are stuck in repeatability and correlation as proof of efficacy rather than outcome based upon a dynamic learning model.
3. In Walter Issacson's new book, Code Breaker, he documents innovation coming from an extremely diverse group of unlikely contributors. No venture capitalist could have picked them from a lineup, but they brought forth the most important discovery of our lifetime: editing the human genome, CRISPR. Medical and scientific innovation should stand independent and be evaluated on its own merits.
4. Hubris of evidence-based medicine is matched by the arrogance of alternative and complementary medicine. Just because something is not proven to someone's standard doesn't mean it is not true and just because a single individual benefited

does not make it true. Can we find a way to evaluate ideas like effective endogenous compounds that cannot be patented? They may truly be more efficacious and safer than unique chemical compounds that are patentable. The no man's land that exists between these two forms of medicine needs more exploration and our investment system only rewards the patent.

5. Why is investment sloshing back and forth from cancer to Covid? Is there not a way to stabilize medical and scientific inquiry without being a member of the flavor of the month?

**Let's zoom in on this a bit deeper. How do you think we can address the problem of physician shortages?**

Put more people in seats in medical schools. Broad investment in medical schools that overcomes the resistance that some would seek to curtail. We have enough bright people.

**How do you think we can address the issue of physician diversity?**

See the last answer. We have enough bright people of all kinds.

**How do you think we can address the issue of physician burnout?**

This is a serious question. Greater supply of competent physicians would help in the long run. Loosening the tie with economics driving the eight-minute visit is the other solution. Give physicians the latitude to do what they obtained a medical degree for: help people. Use current technology to reach a broader population for education and treatment.

**What concrete steps would have to be done to actually manifest these changes? What can a) individuals, b) corporations, c) communities and d) leaders do to help?**

We need to revision insurance and the delivery of medical care. This will likely require government intervention.

**You are a person of great influence. If you could inspire a movement that would bring the most amount of good to the most amount of people, what would that be? You never know what your idea can trigger. :-).**

You exaggerate my influence. We need to reward innovation.

**How can our readers further follow your work online?**

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**Thank you so much for these insights! This was very inspirational and we wish you continued success in your great work.**

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