Why we built a Remote Doctor product

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In a fragmented global healthcare system, digital nomads and remote workers are often left out in the cold. We saw this problem when we built our first products - travel medical and health insurance - and we're seeing the inequity even more when it comes to doctor's visits. This led us to build a new product: **Remote Doctor**. This decision wasn't just market-driven, but vision-driven as well. My hope with this blog post is to illuminate the problems we saw, challenges we faced, and what we hope for when it comes to the future of global healthcare.

Insurance is only one part of health

When we first launched our insurance product, people viewed us as a travel insurance company. That made sense, but it wasn't quite authentic to our bigger vision. Put simply, we're building a software-based safety net for digital nomads and remote workers worldwide. While the definition of a "safety net" changes depending on who you talk to, it usually involves some notion of access to healthcare, financial security, and personal security. Usually this is provided by a nation-state, but the growth of digital nomadism and remote work rendered state-provided systems inadequate for millions of people around the world. And that's to say nothing of the fact that many countries have poor systems to begin with.

Our vision, combined with feedback from our community, pushed us to think a bit bigger. Even if we only focused on healthcare, insurance is just one part of the broader healthcare equation. The next logical step is making sure you actually have places that will accept your insurance. From there, it becomes a question of quality, ensuring you're getting the care you *need*.

The nascent world of virtual care

That evolution from affordability, to access, to quality brought us to the concept of doctors and doctor's visits. Digital nomads and remote workers often lack access to doctors that speak their language and know their medical history. While you can visit local hospitals, both private and public, around the world, you don't have that one doctor who truly knows *you*. Someone you can quickly check in with, who speaks your language, and knows your medical backstory.

We needed to rethink doctor's visits the same way we rethought work, making virtual access as easy as physical access. According to a recent Deloitte report, only 1% of global doctor's visits were done virtually in 2019. The COVID-19 pandemic supercharged the concept of virtual visits, and projections now suggest that around 5% of visits will remain virtual post-pandemic. This 5x bump is significant not just because it demonstrates acceleration of a trend, but because it demonstrates acceleration of demand. The same study found that 80-90% of patients *want* to use virtual care options post-pandemic, meaning the opportunity is not just present, but requested by millions of people around the world.

We toyed with partnering with an existing healthcare or health-tech company to build this solution, but were left with a lagging question: who would we partner with? Because of the fragmented nature of nation-state developed healthcare, we'd need to develop a new partnership for every country in the world. If we were to partner with a global health insurance provider, we'd put ourselves in a David and Goliath situation, except we're pretty sure David would lose this time around and as a result, digital nomads would lose. Beyond the administrative and regulatory nightmare any co-building partnership would be, it also offered no economies of scale, meaning a remote doctor product built this way would be expensive.

The goal

Knowing that we had capability to build health insurance products that aren't bound by geography, we decided to use that knowledge to build a virtual option for doctors. With that, the concept of Remote Doctor was born. With this product, we wanted to accomplish four things for digital nomads and remote workers globally:

1. Primary care access: Make it easy to get a consistent doctor, wherever you are in the world.

2. Care in your language: The platform needs to support English as well as other major languages spoken around the world.

3. Accessible 24/7: While this service is not for health emergencies, it's perfect for consultations, prescriptions and determining whether you should seek further help from a local hospital. This is especially important while we're still dealing with the Covid-19 pandemic when you should refrain from visiting already overburdened hospital centers with issues that can be dealt with remotely.

4. Open to everyone: This could not be an addition or perk to SafetyWing customers only. It must be a standalone offering that any digital nomad or remote worker can access.

The way we see it, based on both our vision and user feedback, is that a Remote Doctor product will fail if it isn't built with all four tenets in mind. Without initial access, the premise is dead. And if it's only a perk of our existing products, that stops millions of people around the world from accessing care - and we can't abide by that idea.

The challenges of building Remote Doctor

Once we made the decision to build Remote Doctor in-house, some significant challenges came our way from regulatory dynamics, marketplace dynamics, and technical capabilities.

Regulatory dynamics

One of the reasons we decided to build ourselves versus partnering with providers in each country is because there are over 195 countries in the world, so partnerships would be administratively impossible. However, choosing to build ourselves does not solve the fact that each country has its own regulatory framework for providing medical care. Sometimes, it will have multiple frameworks: public versus private, citizen versus foreigner, etc. The Covid-19 pandemic forced countries to adapt to telemedicine more by loosening restrictions, but it's unlikely they will stay this way. Our product will have to evolve to accommodate these regulatory challenges.

Even with in-depth knowledge of regulations, building technology to match them is a mammoth task.

Marketplace dynamics

At its core, Remote Doctor is a two-sided marketplace. Doctors on one side and patients on the other. First and foremost, without doctors on the platform, patients would not sign up. That's simple enough.

Where it gets complicated is attracting doctors. Many nations already face a [doctor shortage](#), so doctors in those countries are worked to the bone - often taking additional shifts to uphold their Hippocratic Oath. This creates a simple supply question: where will doctors come from for this offering, if all doctors have no spare time?

Remote Doctor can offer medical professionals something unique to their industry - the ability to work remotely. "*Being a remote doctor allows you to work either part time or full time from anywhere in the world, while helping patients that are on the same path - either travelers, digital nomads or remote workers. That establishes a new kind of empathy and connection, since they share this lifestyle.*" mentioned [Andreia Castro](#), our Lead Medical Doctor that helped us assemble our team of doctors from around the world.

And then we face the second issue of compensation. Doctors who do take on additional work or leave their existing practices to focus solely on a marketplace like Remote Doctor rightfully expect to be paid what they are worth. That means maintaining a team of doctors - a necessity before attracting any patients - is a significant cost burden.

Technology capabilities

Thankfully, there are many well-trodden paths to building an intuitive two-sided marketplace app. Where things get complex is balancing the encryption and security demanded by customers and required by regulatory frameworks globally. It's not just a function of building for the most stringent rules, but navigating specific types of information that can or cannot be stored in a certain way in a certain country. From there, you also have to consider the reality of the doctor-patient relationship, which necessitates sharing deeply personal information that must be protected regardless of if someone is using a public or private wifi network. Then you have to

take into account user tastes globally and how people like engaging with apps from a UX and UI perspective, and you've got a tall order.

The biggest challenge of all

The combined regulatory, marketplace, and technology challenges left us with a huge final question: how do you build the right team?

We're attempting to build a health product that will be bound by medical regulations around the world. Yet there is no cohesive global medical infrastructure, so building the thing will be done in isolation with no guidance on how to actually meet these regulations. How could we compile a team that has knowledge of these challenges, the passion to navigate them, and the grit to persevere against seemingly unclear regulations and what will surely be hundreds - if not thousands - of mini-failures and setbacks?

The short answer: be a remote and purposefully global company.

I live in Poland and work with the [SafetyWing team from around the world](#) on this project. Some of us are freelancers while others are working full-time, giving us ultimate flexibility to innovate through our challenges instead of crumbling due to the rigidity of our team set up.

What's next?

This product is bringing medicine and virtual care to the global stage for the first time ever. It means better healthcare outcomes for digital nomads and remote workers all over the world, whether or not they already use SafetyWing insurance products. As we're building this product from scratch, we'll have to start out small and keep evolving it until it's truly global, with doctors in every single country, available in every language.

With a small team of doctors already on board and a motivated team here at SafetyWing, we will keep improving this product over time and keeping you updated on our progress. We rely on your feedback to make it the best it can possibly be.