Q&A with Kent Dicks, CEO of Life365: On The Rise Of Virtual Care

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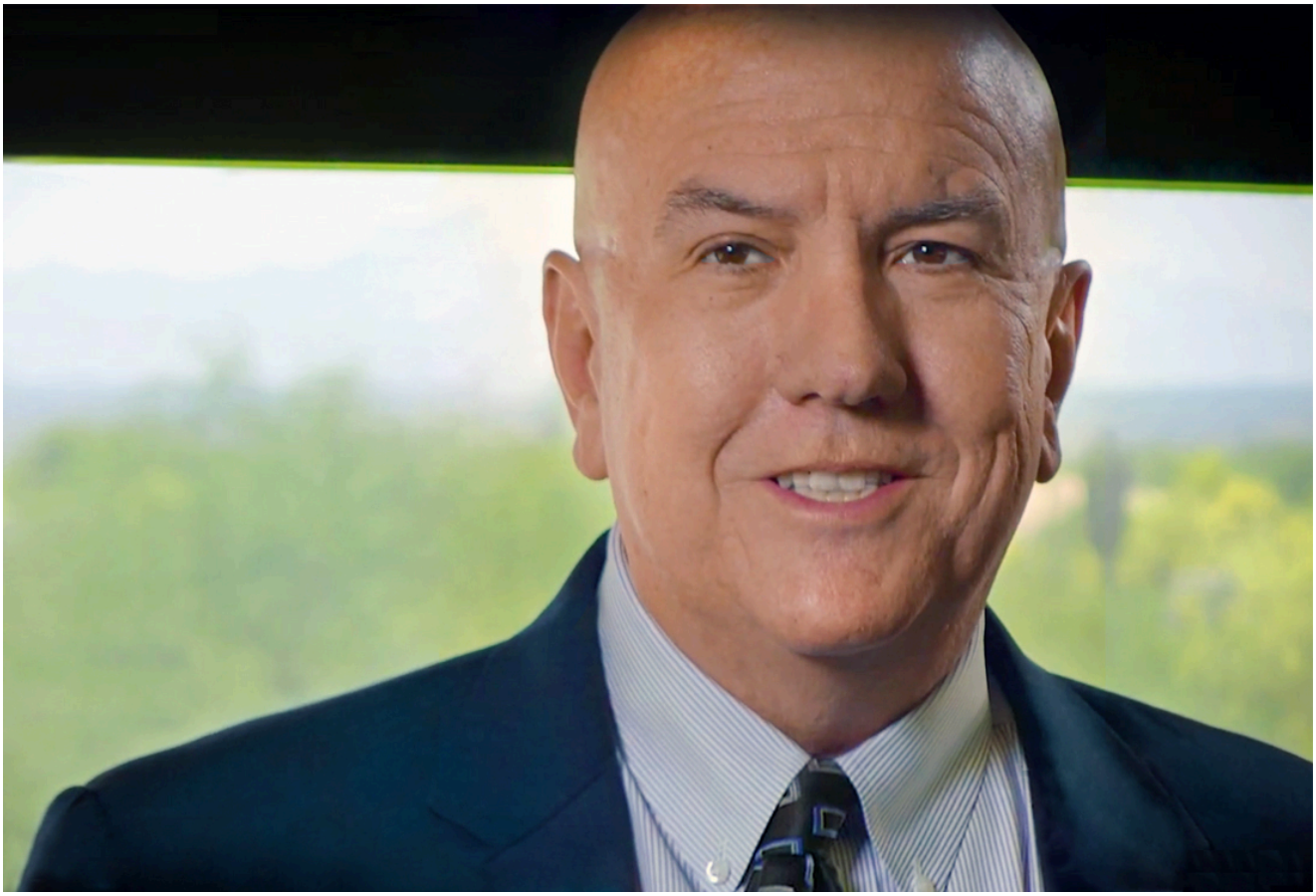

Kent E. Dicks is a leading innovator in digital health and CEO of Life365, a virtual-first care platform revolutionizing care delivery and access with its scalable remote patient monitoring (RPM) and intelligent digital therapeutics platform.

Under his leadership, Life365 secured an eight-year subcontract to deliver RPM services to the U.S. Department of Veterans Affairs. Dicks has testified before the U.S. House Subcommittee on Veterans Affairs, participated in FDA and FTC panels, and demonstrated his technologies on C-SPAN. A serial entrepreneur, Dicks previously founded MedApps, later acquired by Alere Inc., where he led Connected Health initiatives. He hosts “The New Normal” podcast, highlighting trends in AI, digital health, and healthcare innovation. Recognized with multiple Healthcare Innovator of the Year awards, Dicks remains dedicated to expanding access to proactive, patient-centered care nationwide.

Virtual care and remote patient monitoring have advanced significantly – so why is clinician burnout still on the rise?

While the technology itself is transformative, it has also increased the burden on clinicians – especially when it comes to documentation and data management. A 2024 study found that clinicians who spent time after hours in EHR systems were more than twice as likely to report burnout. Mayo Clinic has reported that on average their clinicians spend 80 minutes at the end of every day just to update patient records in the EHR. In addition, the sheer volume of data from digital tools overwhelms many providers who often don't have time, tools, or training to turn data into action.

Patients generally seem to support at-home monitoring. What challenges are they facing with this technology?

Most patients are open to health monitoring at home – 81% favor using technology for vital signs – but complexity can be a major barrier. Older adults and rural residents, in particular, often need in-person support to manage devices. Without a focus on simplicity and usability, virtual care tools risk alienating the very people they're meant to help. Technology, especially AI, will play an increasing role in managing patients outside of the traditional clinical setting with the increasing aging population and the shortage of care providers to meet their needs.

You advocate for "invisible" healthcare technology. What does that mean in practice?

"Invisible" technology refers to systems so seamlessly integrated into care that users – patients and clinicians – don't feel the friction. That means automation where possible, minimal manual data entry, and user interfaces that support, not hinder, clinical workflows and patient experiences. Ideally, the tech works quietly in the background while enabling better outcomes. Acquisition of actionable data from the remote patient will be the key to feed AI systems to gain access to early "insights" and prioritization of patients needing care in order to head off ED visits and hospitalization days and weeks in advance.

How can health systems roll out virtual care programs without overwhelming their teams?

Start small and scale thoughtfully. Begin with a single high-impact condition, like hypertension, and gradually expand. Tailor the approach to local community needs, factoring in patient demographics, tech access, and digital literacy. Avoid launching full-scale programs before workflows and support systems are in place. Implement by using plug and play wireless / cellular technology that comes out of the box ready to use. Provide intelligent platforms for integrating into the clinicians' workflows, starting with the ordering of the patient for remote monitoring, integration of data into the clinical backend, and engagement of patients to stay adherent to their prescribed routines of care.

What's the payoff for getting this right for both providers and patients?

When done well, virtual care reduces hospitalization, lowers costs, and empowers patients to manage their health at home, which leads to high patient satisfaction, yielding higher HEDIS and Star ratings, and ultimately, higher reimbursement, which incentivizes the provider while allowing the patient to receive healthcare anywhere. Studies show that nearly 90% of RPM participants feel more confident managing their health, and systems using automated insights are better positioned for value-based care. The key is ensuring technology serves people – not the other way around.