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Digital Health Review Founder Blair Hirst Focuses On Health Equity

by Elizabeth Orr

As a biomedical engineer, Blair Hirst saw how health technology could help patients – and how some communities were slowest to benefit. As founder of the Digital Health Review, she now works to improve equity in health care spaces.

Digital health tools like telemedicine, wearable devices, and integrated medical records systems are already transforming the health care ecosystem. But how can developers help ensure those technologies reach diverse populations?

That's a question that helps to inspire the work of Blair Hirst, CEO and founder of *Digital Health Review*. The collaborative project brings together digital health professionals striving to ensure inclusion and equity are centered when designing digital health tools. Its activities include the Digital Health Review podcast, scalable advisory services, and a networking community that helps connect developers of innovative products with mentors and investors.

"We strongly believe that part of the issue around health equity and ensuring that there's good digital health equity is that there's a lack of diverse founders, board members and other folks in the industry, and so the more that we can help support getting into the industry, the better it will be for all," she explained.

She regularly speaks on digital health equity topics, including at the March meeting of the *Black Directors Health Equity Agenda* (BDHEA). BDHEA helped to arrange this interview.

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Hirst told *Medtech Insight* that she was first drawn into health equity issues by her experiences as a biomedical engineer at hospitals, AI firms, and medtech start-ups. "I became fascinated with the question of how you make good products that are going to be used by patients to improve their lives," she said. "And in working in these institutions, I saw the best capabilities of technology and its ability to affect a lot of lives quickly. I wanted to see it be applied more to communities that looked like mine, because I saw that there were gaps that weren't being addressed."

Digital health, she says, can help fill those gaps. For example, smartphones and similar devices can be used to connect patients to higher-quality providers that they may not have access to otherwise. Additionally, digital health can be used to increase transparency and help build trust between providers and patients.

"If we can use technology to explain how things are done and be transparent around the use of the technology and/or data, we could garner more trust of the general population to use technology to better their health care," she explained.

Patients may be disinclined to trust technology due to past issues with hacking, data breaches, and other failures to protect personal health information. But that too can be fixed with transparency, Hirst said. She advocates for US institutions to adapt similar data privacy practices to those used in Europe, which generally requires more explicit notifications around what data is collected and how it can be used.

"The proper and best next step is for companies to be extremely transparent with their users around what data they're collecting, why they're collecting it, and what they're going to be using that data for," she said. "Those who want to continue to use those services will, and those who don't should have the option to reject that."

Government, Developers Have Role To Play

Further, the US government could do more, Hirst said, to impose clear regulations and common standards around digital health and AI, as well as investing in the development of an AI-savvy

public health workforce. Policymakers can also work with groups like BDHEA to push for diverse leadership at organizations that are building AI, which she said helps ensure there's "someone pushing for checks and balances."

Other challenges that Hirst sees for the growing sector include the lack of interoperability overall, as well as a lack of standards for AI tools. "It's very hard to evaluate the validity, as well as control for any outcomes of AI models," she noted. "And this points to a larger issue around the lack of infrastructure or the lack of focus on measuring the outcomes of AIs in the market or among populations."

Further research in that area, she said, could be a "critical component" in establishing guardrails for AI as well as tracking how AI tools are affecting the larger population.

For developers of digital health tools, Hirst recommends staying aware of current policies, following common standards as much as possible, being transparent about the use of the product, and working with patients or groups that they trust, such as community health organizations. Additionally, developers should be aware of potential biases in the databases used to train AI models.

Despite the challenges, Hirst sees many benefits for developers in the use of AI and other digital health tools, such as the successful use of predictive modeling in clinical trial design and patient recruitment.

"There's still lots of opportunity for AIs in health care and in medtech," she said.