FRANCISCO LASTA: MODERN CAREER WARRIOR @ AnneMarieSegal.com

***FRANCISCO LASTA** is our **Modern Career Warrior** for April 2020. This article is part of a series of mid-career retrospective interviews featuring inspiring and innovative professionals at **AnneMarieSegal.com**.*

***Francisco** is an occupational therapist whose career spans the domains of medicine, design and technology, with a healthy dose of emotional intelligence. Among other projects, he consults on artificial intelligence, virtual reality and telehealth, and his ideas and innovations are directly relevant for the global health crisis we are currently facing.*

AMS: Francisco, my first and lasting impression of you is that you are full of light and always smiling. I assume this is what keeps you centered to do such serious, important work.

FL: Thanks. I always try to keep a positive outlook on everything.

Also, beyond a certain skill level and obvious confidentiality obligations, competency as a therapist lies in how well you are able to make people feel comfortable working with you. As I often tell my patients, "I can help you improve your life and do more of the things you want to do, as long as you trust me."

AMS: Gaining people's trust must be harder right now, as the global COVID-19 pandemic is heightening people's insecurities.

FL: It definitely is. In the midst of coronavirus, I'm actually starting to rely less on smiling to communicate and more on other gestures and cues – as well as sharper reading of body language – since most of us are wearing face masks now with our patients.

AMS: What else has changed for you since COVID-19 hit?

FL: I have been keeping track of any updates regarding the virus ever since the outbreak began in Wuhan, but my initial thoughts were that the U.S. health system would do a much better job. It was when I read the article in Medium[1] by Tomas Pueyo that I really became worried.

Even if we have the full support of our organization, this is still a scary time for healthcare workers. Part of what we do invariably involves being up close and personal with our patients. All the patients I see belong to the most vulnerable group in terms of risk of infection. They are older with multiple medical conditions, and some of them live alone.

AMS: We are all in your debt. You and your dedicated colleagues.

FL: Thank you.

AMS: Although the coronavirus is front and center in everyone's minds at the moment, I also wanted to talk about your career in the larger context.

FL: Of course. And a lot of what I am doing in the technology space is actually very relevant in light of the pandemic, although I was working on most of it beforehand.

AMS: Let's start with how you became interested in your field. Can you give us an overview of the goals of occupational therapy (OT)? I often think of OT as relating to one's *occupation*, although I believe you have told me more than once that's too limiting of a view.

FL: Actually, it *does* relate to one's occupation, but occupation doesn't have to mean a job. The term "occupation" in OT means what *occupies* you in your life, how you spend your time. Our main focus is to address whatever is limiting someone from being independent in life.

AMS: That makes sense. Can you also tell us about where you work?

FL: I'm at Premier Point Home Health,[2] and my role has a number of different components, such as home health therapy, telehealth program consultations and optimizing the agency's app capabilities. At the same time, I'm consulting for NeuroPath to develop an AI-based product.

AMS: And the letters after your name in your LinkedIn profile:[3] OTRL CAPS?

FL: One is my OT registration/license (OTRL). And CAPS, stands for Certified Aging-in-Place Specialist.[4] If you think your readers would be interested, you can share more about Aging-in-Place initiatives on the HUD User site at the links I sent you [available here[5] and here[6]].

AMS: And you said that you are focused on working with older adults.

FL: Yes. I have seen a lot of orthopedic patients, people who have had knee and hip replacements. Many patients are in their 60s through 90s and in general decline, some with dementia or history of stroke, and their disability is exacerbated because of age or other issues. When they leave surgery or a skilled nursing facility, we want to make sure they are safe at home

with their new disability. As OTs, our role is to identify the key problems and what are causing them, then create a program with solutions, whether it's improving a particular skill or modifying their environment or the way they do their day-to-day activities.

AMS: What is it like to work with a patient who has dementia? That must be very hard.

FL: It's particularly challenging with advanced dementia. We work with caregivers in those situations, spending a lot of time training them on how to avoid things like skin breakdown, falls and joint stiffness, as well as general decline. It often becomes overwhelming for caregivers as the condition progresses, because people can lose their ability to exercise multiple bodily functions, beyond what we traditionally associate with diminished mental capacity.

AMS: These issues are more prevalent with patients whose dementia is advanced, I assume.

FL: Right, these patients are often sitting, sometimes even lying down, for extremely long periods of time and don't necessarily notice the toll it is taking on their bodies.

AMS: That's something many of us don't notice often enough, in fact.

FL: It's true, and even more acute for that population.

AMS: And for the programs you design? What criteria do you use?

FL: During the assessment, we review medical charts, X-rays and lab results and talk to doctors and other healthcare providers who are taking care of the patient. Of course, we also examine the patient and make a cognitive assessment. For one thing, we look at whether they are recovering from a specific weakness or are in a lot of pain.

Just as important, we ask the patient what their priorities are. Usually we work with patients up to six weeks, sometimes more, so we develop a program we can complete in that time that helps them meet the OT needs they have prioritized. I am also piloting a program at Premier Point where I see a patient once a week indefinitely, which is much less costly [in the long run] than sending them back to the hospital with a problem.

AMS: How did you choose to work with the older population?

FL: I grew up with my grandmother back in the Philippines. She was deeply present and engaged in my early life and had a lasting influence on me.

That experience developed my ability to empathize with older adults on a deeper level and helped me communicate with them more meaningfully.

AMS: Which also, I assume, helped you develop that level of trust you mentioned is so important. I remember you mentioning a few years ago that you worked with some pretty well-known celebrities too. That probably was an exercise in trust as well.

FL: Yes, that was at Warren Barr. Some were celebrities, and others were certainly high-profile personalities. It was quite an experience to work with people whose names you would recognize from the media. As you get to know them better, you realize the they are just like any other patient with the same needs and weaknesses. As they aged, they had the same issues, like being able to pull up their pants without a struggle.

AMS: Was it intimidating to work with them?

FL: Not intimidating, but certainly high touch. In the normal course of OT practice, the first time you are assigned a client, you get a face sheet with information about them. But there were times that our director just showed us a photo or mentioned a name, and that was enough. The face sheet became more of a formality at that point.

AMS: Did this experience change how you work as an OT?

FL: I pride myself on giving the same care to everyone, but these were patients with high expectations. I think it was great, because it caused me to really think about best practices, create better habits and really push myself in my standard of care.

AMS: What other strengths would you say that you bring that help your work as an OT?

FL: Being able to adapt to new situations and think "outside the box" are certainly important, especially on the medical side of things. Also programming languages, which was not something I would have expected. I have surprised myself by sitting down for hours and learn SQL and Python, for example, after learning Swift for iPhone.

AMS: Do you think apps are a game changer for OT?

FL: Yes. I personally realized how important apps are when I saw how much they could improve outcomes for my patients. If only we could design better apps for older people, particularly the demographic I am working with. There is so much potential there, especially since older adults are often more tech savvy now than in years past. Many own smart phones and computers.

AMS: The apps would help track patients doing their exercises, for example?

FL: Yes, that and much more. Remote patient monitoring [such as checking their vital signs and that they are not developing any new issues] and the ability to schedule medicine doses through an app for example, really helps patients. You can also use an app to remind patients to be active, which provides them with a routine and a virtual support system.

AMS: Are apps most useful, in that case, to provide continuity between sessions?

FL: Between sessions, but also during sessions. Apps can also help us analyze movements of patients or enhance their strength or range of motion.

AMS: Wearables, you mean?

FL: The new phones (such as 11 Pro and up) have built-in capability to track your movements, actually, so you don't need wearables. Their software has also become more powerful, so an app could automatically identify your joints the moment it detects your body.

AMS: Wow. How does that work?

FL: You just need to be in front of sensor and multiple lenses of the camera. But wearables are also part of the equation. You can even have sensors in socks, for example.[7]

AMS: If apps and other forms of telehealth technology are so helpful for patients, what is holding back their development?

FL: For one thing, there's a lack of appreciation for the sheer size of the market this older audience could bring. A lot of tech gadgets cater to the younger population, but older adults [i.e., baby boomers] have more money to spend than millennials. Also, the new older adult has a much better idea of what they really want, which includes the design of products.[8] Yet technology designed for older adults[9] often lacks the ingenuity we could bring to the problem, so when it is available, it's not as appealing[10] [as products pitched to younger audiences].

Compliance and reimbursement hurdles are further impediments. There are gaps in what Medicare, Medicaid, and private insurance companies cover. Although telehealth policy[11] in the U.S. is rapidly changing with COVID-19, at least in the short term, it still doesn't extend to all areas of medicine. The CMS [Centers for Medicare and Medicaid Services][12] is aware of the issues, of course, and there continue to be developments on a real-time basis.

Many of us are continuing to advocate that telehealth services provided by OTs, PTs and SLPs be reimbursed by CMS. And it is working. For example, Blue Cross Blue Shield in Illinois just launched an expanded telehealth program after the Governor issued an Executive Order that allows telehealth services provided by rehabilitation professionals[13] to be reimbursed. This might not have happened [absent the pandemic], and it is a good start that we hope will lead to more long-term changes. The healthcare landscape is changing so rapidly and significantly at this point, and the disruptive environment has led to fast-tracking and more innovative solutions.

AMS: I assume the value of telehealth is now cemented for all of us, not only in the short term but also in a post-coronavirus world, whatever that looks like. More advancements should be easier now that the world's attention is on the importance of this option, right?

FL: COVID-19 has definitely communicated the urgency of telehealth to the world. A couple of months ago, it was very challenging to get buy-in not only from patients but also from clinicians in some cases. I was working on different approaches, in partnership with Midwestern University, and we were feverishly brainstorming on how to create an environment to seriously pursue these innovations.

AMS: What else is holding back full-scale telehealth, whether it is apps or something else?

FL: Well, as I just mentioned, we were assuming patients were the ones we really needed to sell on the effectiveness, but we realized that clinicians (such as doctors, nurses, PTs, OTs and speech therapists) also need to get comfortable with the technology.

There's always a friction in launching new technologies. It takes time to set everything up and train people. Our goal has been to help people easily form new habits without finding the change too overwhelming. To do that, you need to incorporate UX, design and communication strategy.

You also run into the problem of reimbursements again. If people are not reimbursed for the time it takes to set up telehealth, it's just one more extra thing they need to add to an already busy day and another cost-center for the medical community.

AMS: Overall, it sounds like you were ahead of the curve, and maybe now it will catch up.

FL: I have often wondered if I am moving too fast and if the medical industry is not yet ready for OTs to play a big role in designing products that are inclusive [for older adults]. There is not always an appreciation for what OTs can provide to the ecosystem.

AMS: Versus doctors, for example? What is the best case for OTs being the drivers of change?

FL: We are experts in person-centered design, and this is absolutely necessary for success. I have always felt this was the case, and I was further inspired when I met Sarah Thomas,[14] an OT who is a leader in design and systems innovation, at the AOTA conference in 2018.

The most important piece of advice Sarah gave me was to network with other professions, like software engineers, to understand the language they use and better communicate with them.

So back to your question of whether telehealth is here to stay, particularly in the OT field, my answer is that it must be. We cannot let the momentum [of the pandemic response] go to waste. Something positive needs to come out of all this suffering.

We know that OT telehealth brings greater patient engagement, better tracking of metrics and improved health outcomes. We cannot ignore the clear advantages and opportunities when a better system so obviously exists. And while the pandemic has put us in crisis mode at the moment, when it starts to level off – even if we haven't achieved true "normalcy" yet – is when the policy and other developments can really take off.

AMS: One of the articles[15] you sent me also suggests that technology could keep more people out of nursing homes, which is likely another key objective now that we know how quickly coronaviruses can spread in those settings.

FL: Right. I can't speak highly enough of all the options telehealth enables.

AMS: I remember that you were also working on 3D printing a few years ago. Is that now taking a back seat [to your work on telehealth]?

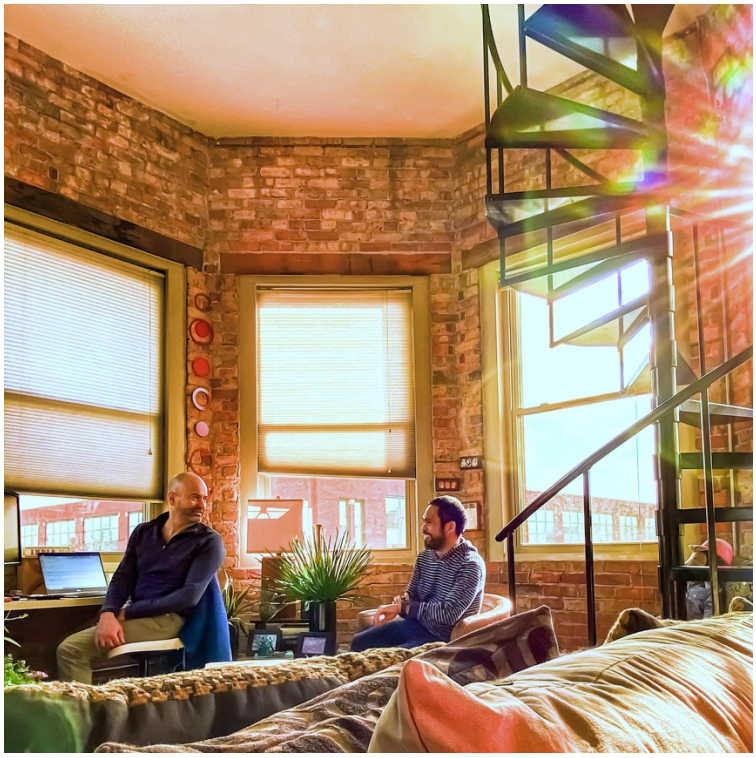
FL: I always seem to be excited about a lot of things simultaneously, and each one supports and is connected to the other. My foundation to design virtual structures came from 3D printing, as well as my interest in creating devices that are user-friendly. I was even tinkering recently with a 3D-printed face mask design[16] – that was made available online as an open-source project – to see how I can further customize and personalize it.

AMS: From the picture you sent, it looks like a high-quality result and very useful.

FL: It is. And I am so delighted how perfectly it fits the contours of my face!

AMS: And I assume you get a lot of good input from your architect husband, my good friend Mark, that supports your design interests?

FL: Absolutely. One of my most engaging conversations with Mark is when we have different but complimentary views of the same environment. Often, he sees it from a form and architectural perspective, and is also focused on aesthetics, where I think first about function. How we approach things becomes really obvious when we travel or use certain products.



AMS: How else does Mark support your career?

FL: He's extremely patient with all of my interests and giving me time to work on projects and is always a source of positive energy. He gets excited about innovations. Mark watches a lot of Shark Tank and is much more entrepreneurial than I am, which spurs me on and helps me see the market potential in what I'm developing from a clinical perspective.

AMS: Where else do you get support? Is most of your family here or in the Philippines?

FL: My mom and one sister are in Illinois [like me], and it's really comforting to have them nearby. I also communicate a lot with my dad and other sister, who are here in the U.S., and extended family back in the Philippines. My grandmother [who has passed away] owned a property that my family is currently renovating, so I'm involved with virtual meetings with my cousins, who are all of the world, such as Australia, the UK and Saudi Arabia.

AMS: Does your family understand the work you do?

FL: Some of it. I'm hoping this article makes it even more clear, honestly! It's sometimes hard to explain my work to a non-medical audience.

AMS: You are doing a great job explaining it so far. How does your international background inform your work as an OT?

FL: Quite a lot, actually. I have a first-hand experience of the challenges of the immigrant older adult,[17] especially having a mother who just immigrated to the US. That perspective – in addition to the Spanish I am learning lately – is making me a really effective therapist with Hispanic patients in their communities.

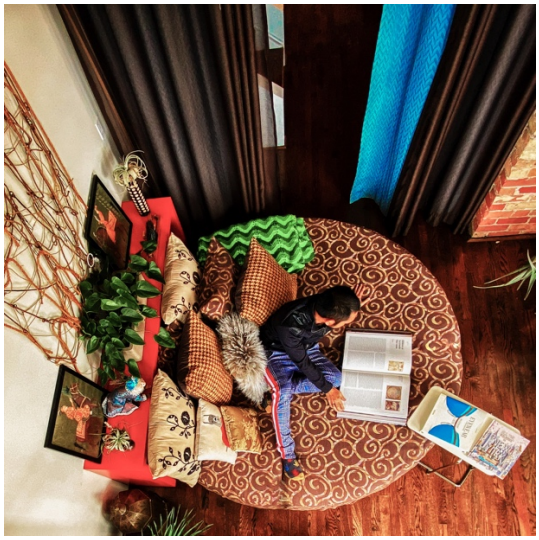
AMS: You are working with them as an OT while being respectful of and receptive to their specific needs, just as you did with celebrities [who often have heightened privacy concerns].

FL: Right. And there's another community I know first-hand, of course, which is the LGBTQ+ population. These individuals can face a lot of unique challenges as they age. Being part of the community myself[18] gives me a deeper understanding of their needs.

AMS: Can you tell us about the challenges facing your patients in this community?

FL: The problem is that if you grow up in an oppressive environment, it can still affect your well-being[19] as you age. It can inhibit your ability to communicate genuinely, because you are afraid of the backlash that may come. I've worked with LGBTQ+ patients, you can sense hesitance to reach out because of fear of not being welcome. To offer them holistic care, we need to help them build their resilience and coping mechanisms, beyond their physical needs.

AMS: It sounds like these aspects of your work are extremely rewarding.



FL: I really appreciate the flexibility to work on my professional interests while also spending time with patients and being able to help people. In the medical field, finding a job is often easier than for people in many other careers. But then there's the question of the right setting to truly enjoy your work and feel like you are creating something meaningful out of it.

AMS: What else are you working on?

FL: Virtual and augmented reality (VR/AR) is also a top priority for me. There are many ways VR/AR can improve well-being[20] for older adults.

AMS: Hearing VR/AR first makes me think of a video game to help people be motivated to exercise? Am I on the right track?

FL: Games are definitely a part of it. We can design a whole range of activities using the VR platform. There are a lot of health and safety issues, of course, and most of the games that are available now are not tailored to the limitations of older adults.

AMS: You said VR and AR. Does one work better than the other?

FL: Augmented reality is more promising to me, because you can still see the real environment, on top of the one created through technology, so it's harder to walk into a wall or lose your balance, for example.

AMS: What would the games look like?

FL: It depends on which deficit you are addressing. You could be popping a bubble or bouncing a virtual ball. Or you could do virtual sculpting to move your arms, while also stimulating your brain through creativity and problem-solving.

AMS: Beyond games, what else are you exploring on the VR/AR front?

FL: You can design anything, really, and it's great because you don't need a lot of equipment. For example, if you wanted to help a patient relax, you might design a virtual visit to their childhood home. You can tailor the experience to the individual, and it can be quite magical. The activity has multiple dimensions in terms of meaning, in that case, but it also improves endurance, strength, coordination and mental agility.

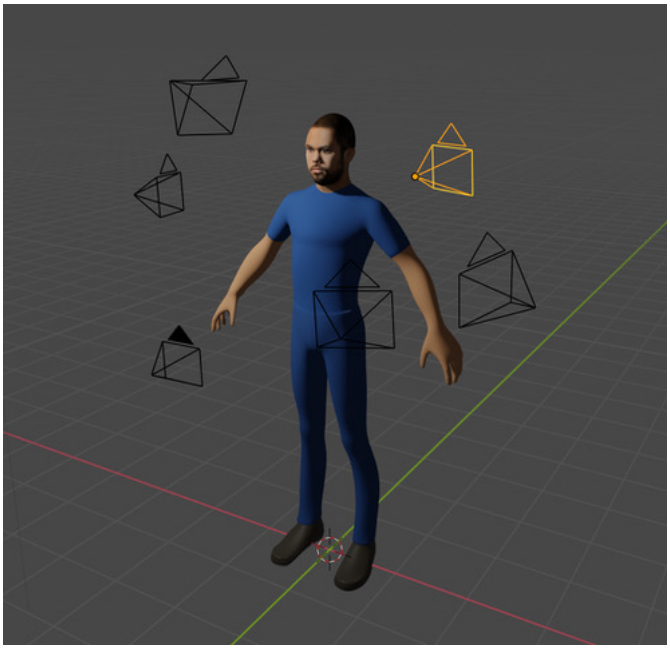
AMS: That's amazing. Which do you see growing more in the short term, telehealth or VR/AR?

FL: It doesn't need to be one or the other. In fact, telehealth via VR will soon become more common, and there's at least one start-up company[21] I know that is already doing that. You could be virtually interacting with a clinician located hundreds of miles away and at the same time using VR goggles to be immersed a virtual environment that supports your therapy goals.

AMS: With the idea of replacing a clinician?

FL: Not necessarily replacing, although sometimes that's appropriate, but also redefining our role. As we move further into the future, our OT roles, (just like any other profession) and the way we do our jobs will inevitably evolve. We are using these technologies to be more effective, even if we continue to work with patients on an in-person basis.

For example, I can show a video of myself doing an exercise but also be beside you, making sure that I'm giving you additional tactile feedback and preventing you from falling. In this scenario I'm not actually replacing myself, but cloning myself (so to speak), so I can do more. I'm also working on an avatar that will serve as my digital "twin" to demonstrate exercises and provide instructions to patients.



AMS: I assume you would also deploy this technology to protect patients who are most at risk to COVID-19 and other highly contagious diseases, right? For example, they could maintain greater independence if it would be advantageous for them to spend some period of time in isolation.

FL: Yes, definitely. We have all seen the headlines with the high rate of deaths in nursing homes due to COVID-19. Some experts are calling it the "perfect storm,"[22] since you have many adults (including those with chronic illnesses) living close together, staff moving from patient to patient, lack of sufficient PPE [such as masks and gloves] and limited testing. Which highlights the importance of options for older adults to age in place.

We talked about my CAPS credential earlier. That's related to helping adults age in their home environment rather than an institution, where possible. Aging in place is not only about better quality of life – continuing to live in a familiar environment and maintain ties with one's long-standing community – but also about reducing one's risk of getting exposed to superbugs. The technology we are creating will continue to make this easier for a wider range of people.

AMS: Francisco, this is highly enlightening. Thank you for sharing your insights with us. And I love the shot in your 128 BPM shirt, with the Chicago skyline in the background.

FL: [Laughs.] It's always good to get the heart rate going!

AMS: What parting advice do you have for someone working with an OT for the first time?

FL: A good OT knows what is meaningful for you and has solid clinical reasoning combined with unconstrained creativity to address your current condition. You should have that expectation of your provider.

AMS: And what about obviating or mitigating the need to see an OT?

FL: It really depends on the type of health risk that you have, so I'm just speaking in the context of the clients that I work with (and not giving medical advice, of course). Usually people in their late 40s or sometimes even early 40s or late 30s find that their joints not as obedient as they once were and muscles are taking longer to tone.

At one point, when I was very busy at work, I even felt like my endurance was lowered, even though I actively swim and run. I still experience it sometimes. That's just the aging process creeping up you. In general, my advice is to eat well, exercise regularly and engage in things you really feel passionate about, because that provides you with energy.

Fortunately, we now live in a world where we can easily get useful health information from the web and smart devices with health trackers are also becoming more ubiquitous. Still, we actually need to make health a priority if we are going to get the benefit of that technology!

Launched in January 2020, ***MODERN CAREER WARRIORS*** *is a bi-monthly series on* ***AnneMarieSegal.com*** *that explores the lives of professionals leading robust, resilient and multi-dimensional careers.*

DEPTH, COURAGE AND INTENSITY *radiate from these Modern Career Warriors, who defy the odds and define their own paths. While they may, like the rest of us, feel side-lined or even defeated at times, their inner drive keeps driving them to their personal best and inspires others to do the same.*

The full version of this interview is available at AnneMarieSegal.com/mcw-francisco-lasta.

Anne Marie Segal, founder of Segal Coaching LLC, *is an* ***executive coach, resume writer and author*** *of two well-received books on interviewing and career development. She served as a corporate attorney for 15 years, including roles at White & Case LLP and a prominent hedge and private equity fund manager, before launching her coaching practice.*

Based in Connecticut not far from New York City, Anne Marie partners with clients internationally on executive presence, impactful communications, graceful transitions and other aspects of professional and personal development.

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