Episode 51: Through the Shades of Illness, Testing Brings Clarity

Josh Casey: Hi, I'm Josh Casey. Welcome to *QuidelOrtho Science Bytes*, your trusted source for diagnostic insight and innovations. Respiratory illnesses don't always present in black and white. They come in shades with overlapping symptoms that can make it nearly impossible to know what's really going on without testing. That's why urgent care providers like our guest today emphasize the importance of early and accurate diagnostics. Not only do these tests help treat patients quickly, but they also help protect families, schools and entire communities from further spread. Today, we're talking with Dr. Terry O'Neil about how diagnostics are making a difference during peak respiratory season.

Dr. O'Neil is a board-certified ER doctor and the president and medical director of Urgent Care Pros, a group of walk-in clinics providing fast and easy access to quality care. He has over 20 years of emergency room experience and a deep commitment to caring for patients. A graduate of Columbia University, Dr. O'Neil recognized the need for fast, efficient and specialized care in both urgent care and occupational health settings, which led him to establish Urgent Care Pros in January 2020. His approach reflects the mission of Urgent Care Pros, that is to provide unparalleled customer service and specialized health support in an affordable manner, ensuring patients receive the care they need when they need it most. Beyond his clinical work, Dr. O'Neil enjoys traveling, skiing and staying active through fitness, bringing the same energy and commitment to his personal life as he does to caring for his patients. Thank you for joining us, Dr. O'Neil. Welcome to the podcast.

Dr. O'Neil: Hi Josh. Thank you for having me. I'm looking forward to talking about the testing that I really value and I think is a great asset to not just an urgent care, but even an internal medicine or family medicine office too. There's a lot that can add to patient care.

Josh Casey: Great, we're glad you're here to share your expertise. So let's jump in. You often talk about shades of illness. What do you mean by that? And why does it matter in urgent care?

Dr. O'Neil: So in regard to shades of illness, you know, when I first came out of training and I graduated, everything you tend to learn is in a book and it's very cut and dry about how you view things like someone's throat or an illness. And as time went by in the emergency room, you realize there, people present at different times – some people present immediately, some people wait weeks and some people might have underlying overlapping illnesses. So presentations can really vary depending on someone's underlying medical condition, when they present. And sore throat is one of those things. And I realized early on that some people come in and their throat looks a little bit red. And in a textbook, when you look in just a little bit red throat, it says that's not strep throat because you have to have exudates and it has to look really aggressive. Well, what if you just come in a few hours after you feel symptoms, you know, you're going to look a little bit red. You're not going to look that way. And I realized that at least for me personally, I don't want to wait four or five days until I have exudates and it's obvious and someone's going to do a strep test. I would rather not get too sick with a bad sore throat, which I tend to be prone to, and treat early as opposed to wait. And the only way really to sort that out as a test. You can't just look at someone's throat and say, that's, that's not red enough. What does that mean? You know?

Josh Casey: Right.

Dr. O'Neil: What part of a disease presentation did they present in? And some people, even in a week, they might not have exudates. They might be like, I got this sore throat, it's not really going away, I don't know why it doesn't look too bad. Then you do a strep test and it's positive. So it's hard to sort out what is going on with a patient if it's a cough or a sore throat without testing because everything overlaps. Even COVID can present with a sore throat. So just saying, okay, well, you have a little bit of sore throat. Well, you know, that's not too bad. You might have a little bit of a cold. Well, three days later, maybe it's obvious you have COVID or the flu, right? But it just takes a little bit. So unless you have a test, you can't really make that decision. Helping people realize that to them might not be an issue, maybe thinking that's not much, actually kind of prevents illnesses. And I think the testing's oftentimes neglected because people don't tend to look at it on a global sense like, oh, okay, so this person is 22, why are you doing the RSV test? Because they might go see grandma or they might have a friend that does chemotherapy and you don't know, right? They're certainly not going to be really unlikely they end up at an ICU, but I'm sure they'll be fine with their RSV. It's like a cold for that age group, but who are you exposing in your family network and kind of really kind of looking out for the community as a whole. And that's why I think testing is important on multiple fronts. I think keeping people safe and kind of looking out for them requires testing in a lot of different avenues.

Josh Casey: That's great. Thank you. Yeah, so testing is really key to treatment and preventing community exposure. So how has rapid testing changed the way you care for patients with respiratory symptoms?

Dr. O'Neil: Well, rapid testing is important because you want to capture someone while they're still there. Because if you have to educate them about staying away from someone, you can't wait like a few days and it's like, I went to visit, you know, my grandma and now, you know what? Now she's sick, right? So if you can get them while they're still there physically, and you have to have like a time limit because people get agitated. So you can't keep them there for hours waiting for testing. So fast testing is very important and an answer that kind of resolves their problem and educates them and you may be able to treat them with a prescription for whatever the issue might be before they leave, and in a timely visit is very, very important for patients, like quality of care and treating people.

Josh Casey: Okay, you touched on this earlier, but with all the viruses and bacteria in our environments, what happens if someone assumes it's just a cold and doesn't get tested?

Dr. O'Neil: Well, yes, I did touch on that earlier. And there are those people. And if you're young and healthy and you don't feel too ill, you know, people naturally assume the way I feel is how everybody's going to feel, but they don't understand some people don't have the best immune system and they might be your same age. They might have might be going through chemotherapy or they might be really young or really old. And people don't understand the necessity of testing and making sure that they might be fine, but are they looking out for their friends and family as well? Because I think in life in general, people kind of, the way you think someone kind of reacts is the way you kind of feel yourself. And so you kind of take whatever you feel, if it's an illness, you're like, this is the way this feels. So everybody else must have this. I don't understand why they would get that sick. Right? So it's a little hard to kind of get people to understand – people will present differently and in getting a test can really kind of mitigate illness in others, even though you might not be too sick.

Josh Casey: Yeah, so protecting our most vulnerable was, I think, more top of mind during the COVID days, but that same challenge can affect, like you mentioned, RSV or even just the common flu for people who are immunocompromised, can be quite a different experience.

Dr. O'Neil: Yeah, definitely. It definitely is. And I think with COVID and the lung inflammation, the medical community started to realize it and this vaccine coming out of the RSV that RSV actually is kind of important too in the elderly as well as the very young for inflaming your lungs. Kind of in some ways it causes a little bit more bronchi inflammation than a COVID, but it can cause a significant lung inflammation too and you can get a pneumonia and you can get kind of sick. And the same way during COVID, we were kind of testing everybody to keep everybody away. RSV is kind of along those lines as well, not as severe, but you really should know you have it because if you have someone vulnerable, you should probably be careful around them, avoid them or put a mask on you and the other person. And someone that you care about. Sometimes people, the way society is, they don't really care if they're like, I got COVID. I walked in without a mask. I'm going to the grocery store that's at your urgent care plaza anyways. So I'm just heading on over there. And they just walk around the grocery store. It's kind of like, OK, well, that's that, I guess. But when you get them and they understand it's someone they care about, people are definitely much more receptive to like, OK, maybe I should watch out, right? So testing is very important for them to realize that they have a condition and then they can go Google it and look it up and they can understand about it more. And it's also important to go, Josh, you show up and I'm like, oh, well, Josh, your symptoms aren't too bad. I don't think you got this. I don't think you got that. And I think it's pretty mild. Why don't you just take some over the counter stuff? And then Josh, you'll be like, so what do you think I have though? I mean, what do you think all this is? I think it's just a cold or this or this or that, right? People like answers where you're like, hey, Josh, guess what? You know what you have? You have RSV. Have you heard of that? No, I've never heard of that. What is that, right? And you're like, I have this and that, and you're going to do this, right? And people will be like, wow. Your reaction would be like really confident in me, right? You'd be like, OK, that guy really knows what he's doing. He says, I got RSV. He ran this test, right? Because people don't like, I think it could and then like three days later, they're back and they got COVID and you told them it was pretty mild and it's nothing to take the over the counter stuff. And they're like, well, what did you tell me that there was like nothing? Now I got COVID and blah, blah, blah, right? The way the medical community is there, they tend to be resistant to testing, but I'm not one of those people because I see all the benefits, not only on patient care and confidence, right? Because if I tell you, here you go, here's your test, it's a positive. Most people are like, that's about it then, that's what I have. This test shows that I have this and then they feel good about their medical care too. Rather than just telling them, know, it's like, you know, just the cold or this or that, you know, and you have nothing to back it up. I mean, I don't think people are ultimately too confident in that answer. So testing allows confidence in your medical care too. So it is a good thing to have.

Josh Casey: Absolutely, yes, ambiguity in healthcare is never a great experience for the patient.

Dr. O'Neil: No, and if you can't give them an answer, people like answers on a test. If you don't give them one, they kind of question you. you're kind of like, right. If you're, if you like, because I love testing, I've seen it so many times. I walk in and I'm like, okay, here's

the test result. They're like, okay, that's, that's what it is. They don't really tend to question you or the result. There's something about testing that kind of really elevates someone's confidence in you as a practitioner and your medical abilities. And they feel very, very confident in the recommendations you give them.

Josh Casey: Can you please share a case from your experience where timely testing made a difference in treatment or outcome?

Dr. O'Neil: You know, that can, that happens all the time because like I explained to you that person that comes in with the throat that just looks a little bit red. I bet most places they would go to and they would just tell me you have, you have some reflux, you have got allergies, you got maybe a mild cold and they wouldn't do anything. But I've learned over the years when you present is important. If you present very early, it can look like nothing. If you present very late, you can look very advanced. You can get a you know, peritoneal abscess or any of the complications that come with it. And there's also a host of issues with treating untreated strep that kind of, you know, affect your kidneys and different things. So it's very often on a weekly basis that testing allows me to intervene and kind of do what I said it is part of being a physician for me, which is alleviate suffering, right? Treat them, find the correct reason they are ill and treat that appropriately. If you don't have a test, it's very difficult because that red throat could be early COVID, early flu, early RSV, early strep. It can be a lot of things. Just like focusing in on this is a virus or reflux is for me is not the right mechanism to kind of care for the community and treat the patient appropriately. So every week you know, I have something where I've figured something out or treated someone early because of it that other people have missed because they don't seem to quite understand everything's textbook, like perfect in a book, the way a lot of people think. And they don't think about shades and overlaps. And some people present differently and might not get that ill. So this presentation might not look that bad. Even days or you know, a week into it, you know, so just, to kind of keep that in mind and have a robust kind of high index of suspicion and kind of listen to the patient too. My view is if the patient's concerned, I'm concerned, right? And I have seen in my colleagues in the ER, I've seen them blow those patients off so many times because they don't, they don't really care. And they're like, okay, whatever, you know, there's nothing wrong with you. It doesn't sound like much, but if the patient's concerned, and I picked up a lot of things over the years, I become concerned. So if they're concerned, I'm concerned, and then I start doing tests and I want to figure out what's wrong. And so I'm really patient-centered and focused. And that every week, I've got something where I've treated something, someone missed or overlooked in general, because like I said, it's the way these diseases manifest are very different. Outside of testing, I'll give you an example, which is, all the time I'm seeing, all the time, people come in and some people like will injure their ankle or their foot and you can drop a feather on it and they will be like jumping off the bed. And I'm sure the practitioners have seen this before. You do an X-ray and there is like zero wrong. You're like, okay, there's nothing wrong. You'll get the people that'll be like, yeah, I've been walking on it for a week. It's just kind of weird, know, the swelling, it's just not going away. And you do an X-ray and it's like completely shattered. Like both, both bones, medial and lateral malleolus, and I'm like, this is a surgical fracture. Like you are like – I've seen that so many times. There's, like people have like a very different pain tolerance. And like I said, I just listen to what they say and I investigate it. And I think with testing, it allows you to kind of follow up and give an answer and appropriately treat someone.

Josh Casey: Great, thank you for sharing that. Have you cared for patients or families who are reluctant to testing? How do you explain why it's worth coming in for a test rather than waiting it out?

Dr. O'Neil: You know what's interesting, Josh, on that question is you've kind of, you yourself have maybe seen this play out with your friends and family. Early on in COVID, everybody wanted a test, right? And then we kind of like peaked on that and then we kind of got like a backlash on the testing where people didn't want to know anymore because it kind of disrupted everything. And now, you know, people, it's a mix. Some people, if they come in and they say, don't want any testing, we never do any testing. We just listen to the patient and then try to do our best. But we kind of follow what they want, but there is a certain segment of the population that has become a bit anti-testing, anti-vaccine. And I think, I think it's kind of like, it's just kind of a reaction to – a human reaction – where if, you might not have, you might have kids or so forth, but if you tell someone, you have to do this, blah, blah, blah, blah, whatever it might be, if it's your kids or someone or it's your partner, over time, they start to just react negatively. They just become resentful. You can't tell me to do that. People just generally, there's a certain amount of the population percentage they don't like to be told what to do, no matter what it is.

Josh Casey: Turning now specifically to COVID, we've seen a steady rise in cases recently. Can you explain the role urgent care plays in stopping community spread during peak respiratory season?

Dr. O'Neil: Yeah, yeah. Urgent care is very important because most people can't – out here anyway, I know you're out East there in Maine but – out here, it's very difficult to get in with a primary physician, right? It's anywhere, you know, if you have really good insurance, it might be a couple of weeks out here. And then most people think it's like eight weeks. So acute things don't go to the primary care and that leaves an urgent care or ER. Unless you've got your whole day to kind of like sit there watching people vomiting and flop on the floor and all the things going on in an emergency room, homeless people parading around. Most people don't want to go there out here in California for the day. So that leaves urgent care, right, for acute testing. So urgent care is the most important space for acute testing. And like I said, it's you have to figure out what's wrong with people because you're not only like looking out for the patient, but you're protecting family members or the community as well to have someone understand like, you know, you're not sick, but maybe if you go out, you probably should put a mask on to protect people. So, to have people like care about others, because it's interesting. A lot of times they just, people naturally kind of just think about themselves, right? It is part of human nature and they don't always think about others because the most important thing is yourself, right? So kind of getting them to understand, okay, you're not ill, but you know, if you're going to go over to the grocery store next door, it's probably not a good idea because you have COVID and you probably put a N95 mask on or not go or have a friend because there's elderly people that might use that same shopping cart. And so, getting them to kind of understand it's not all about them always. There might be multiple levels away from them that they don't realize that they made someone super sick because they went to the grocery store and it never like, how is a human going to know that they've made someone really ill that would be hospitalized? I think most people would feel bad. It's not necessarily going to happen if they go to the grocery store, that happens that scenario, but it definitely could. So just kind of getting people to understand that even though they might not be getting ill, someone else could be

very ill. And so they need to be very careful in having a test result that they can go to the Google and go, this is, know, that doctor said this and yep, I looked it up, ChatGPT says the same thing. You know that doctor must be right because ChatGPT5 says that now. So they run it through Google and ChatGPT and check everything. So it's important to have that test result because then they can do that and they feel confident in the answers they receive from the practitioner and the AI that everybody uses now.

Josh Casey: So thinking about those patients who are high risk or immunocompromised, how do you approach testing and treatment?

Dr. O'Neil: As far as in the actual those patients themselves?

Josh Casey: Yeah, so thinking specifically of those that are elderly or HIV positive, anything that would lead to a more compromised health position.

Dr. O'Neil: Oh, okay. As far as we're, so then you would tend to be much more cautious. So it's like someone like that, that's let's say has an underlying medical condition and knows that they're not the best health. Those are typically people that have been in and out of the ER, in and out of the hospital. So they themselves are very careful. So what you'll see oftentimes, unless they kind of skew, there's the one group that gets fed up of going to the ER and the hospital. And they never want to go to the medical care and eventually they'll end up in the urgent care very sick. But they're the other ones that kind of know their body and they're like, you know, I've been in and out the hospital. I should get this checked out. So they come in very early with their symptoms. And we also run an onsite PCR. So if we have a high index suspicion and you test negative on a rapid antigen and you could get potentially very ill and you need some Paxlovid or Tamiflu and we are seeing you early, we'll run a PCR on you to double check. The insurance companies don't like that. They usually zero it out. But like I said, my focus, because they don't like to COVID tests, they're like the rapid test is enough. So, but my focus is on caring for people and it's a career of sacrifice. So fine, the insurance company gets away with, you don't get to run two COVID tests, but maybe I kept someone out of the hospital from getting very ill that was very vulnerable by doing this test. So for me, it's not always, even though I own the business, and that the test is very expensive, it's not a financial decision for me, it's a patient decision for me and kind of why I did this career, which is to take care of people, which is important to me. So testing, we do it very early. It's skewed interestingly enough on the people that have a lot of medical problems because they've been to the hospital a lot, been to the ER a lot. Some of them refuse to go to the ER, go to the hospital or any medical place and they come in very late, or they come in very early because they're very concerned because they know that they might get admitted to the hospital if they get sick very easily. And so they jump on things very early and you oftentimes have them come in with not a lot of symptoms. So you have to be careful in the vulnerable populations.

Josh Casey: This has been a thread throughout the conversation today, but beyond treating the patient, what larger role do diagnostic results play when it comes to public health?

Dr. O'Neil: Well, yeah, definitely. I mean, early on in COVID, you know, was kind of stressed to get the testing and make sure that, you know, you protect your family. I mean, it was kind of like, if you remember back then, the first year was like a jail, right? Do you remember that thing where you couldn't leave the room for 14 days in your own home? The

friends, whoever had to leave stuff in front of your door and you're in there and then everybody's wiping the whole place down with wipes your whole house even though you're not walking around outside anywhere.

Josh Casey: Wiping your mail down.

Dr. O'Neil: Yeah, wiping your mail down, letting air blow on everything before you can bring it in. Yeah, so the people did realize the importance of testing. And I still believe, as I pointed out, throughout this conversation, the importance of protecting. But there's been a bit of a backlash. Early, like I said, everybody wanted a COVID test. Everybody thought, you if they got COVID, they might as well just go check in at the cemetery and pick out their tombstone and that was it. And during there in the first two years, you would have people constantly breaking down and am I going to die? And they're like 25 and it's like, you're pretty unlikely, you're pretty healthy. But like I said, because it's human nature, just like your children, you do this, you do that, what they're going to fight back, right? As they get older, they're not going to do it. They're just not going to listen, right? And that kind of has played into the resistance now of testing and any vaccine, really. It's just like, I'm not going to get anything. They're like, OK. Me personally, I'm still going to get vaccinated because I'm too busy and I don't want a lot of downtime on sickness. So I like my vaccines. I respect people not getting it as well. But my personal view is what's the point of getting more sick? Might as well get less sick.

Josh Casey: Right, especially when you're in the crosshairs of exposure and in your position.

Dr. O'Neil: Yeah. Yeah.

Josh Casey: Well, at the end of the day, testing is more than a diagnosis. It's about giving patients answers when they need them most, starting the right treatment at the right time, and helping their communities stay healthier together. As Dr. O'Neil shared, when we test early, we don't just shorten an illness, we stop it from traveling any further. But that's all the time we have for today. Thank you so much, Dr. O'Neil, for offering your perspective on this important topic.

Dr. O'Neil: Thanks for having me, yes.

Josh Casey: We hope everyone found the conversation helpful. Please be sure to go back and review the sections and links within the podcast description. You could always go back and listen again if you'd like more details. Thank you all so much for tuning in. If you haven't already, please subscribe to join us each month for the podcast brought to you by QuidelOrtho Corporation, where we are advancing the power of diagnostics for a healthier future for all. Until next time, take care, everyone.