THINK TANK V

Directly and unscripted from thought leaders on the front lines of healthcare

Justin Barnes
Co-Founder

Dr. Bob Monteverdi
Co-Founder

Think Tank Collaborators

- Thomas Jefferson University
- Atrium Health
- Partners Healthcare
- Northwell Health
- UPMC & UPMC Health Plan
- University of Virginia Health System
- Duke Health
- Resurgens Orthopaedics
- Christus Health
- UT Southwestern Medical Center/ Parkland Health
- Boston University School of Medicine
- Tahoe Forest Hospital District
- Pratt Regional Medical Center
- Nemaha County Hospital
- Florida Association of ACOs
- Children's Integrated Center for Success

- Reliant Medical Group
- Nemours Children's Health System
- Dartmouth-Hitchcock
- Sturdy Memorial Hospital
- Phoenix Children's Hospital
- Lima Memorial Health
- OhioHealth
- Covenant Health
- Halifax Health
- HCR ManorCare
- FastMed Urgent Care
- Institute for Family Health
- UNC/ Rex Health Ventures
- MedAllies, Inc.
- HHS/ ONC

- Intel
- Philips Healthcare
- Qualcomm Life
- McKesson
- Notable Health
- Meditech
- Cerner
- Allscripts
- CPSI
- NextGen Healthcare
- Change Healthcare
- New York eHealth Collaborative
- Practice Fusion
- Connection
- CDW
- Qure4U

- HIPnation
- NeHII
- Livongo Health
- LifemedID
- WallerMD
- Call9 Inc.
- eviCore healthcare
- Commonwealth Health
- Insight Enterprises
- HealthEC
- Lenovo Health
- Center for Connected Medicine (CCM)
- Justin Barnes Advisors
- Elevation Health
- StudioNorth

Sampling of collaborators

Care Strategy Discussion

Led By:

Dr. Kamal Jethwani

Connected Health Innovation,
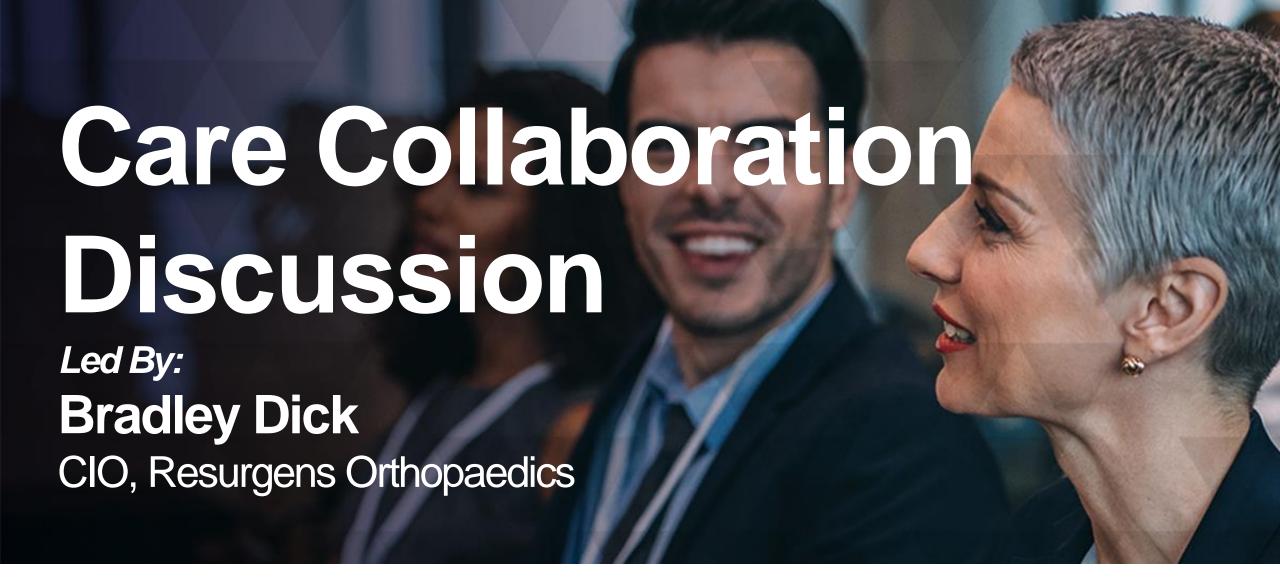Partners Healthcare

Care Strategy Key Takeaways

- Tele-medicine, video-visits & tele-health are most successful (highest quality, ROI, accuracy) when care providers have access to full medical records
  - Provides the best continuity of care as well

- To achieve long-term clinical and financial results, tele-medicine, video-visits & tele-health products must integrate into care design as well as the care strategy of each healthcare facility/organization

- Trust and transparency is key to a virtual care strategy. Patients need to trust that they'll receive quality care – their data is safe – and the doctor is who they say they are…and the patient is who they say they are.

Care Strategy Key Takeaways

- **Key Findings Report Out:** ACO strategy, as related to consumerism, brand & respected brand recognition, used to draw a broad population. Today, while quality and expertise are still important, patients are choosing convenience over brand.
  - Brand in this case reflects a highly educated, ivy league staff with deep expertise yet convenience still scored higher in several patient surveys

- **Key Learning:** A logo or brand alone has become irrelevant in some cases with the patient.
  - "*As a large, incumbent health organization, convenience is an area that we can be beat in the marketplace if we do not evolve our strategy.*"

- **Key Learning:** Patients want clinics that have care delivery options. Patient-consumers want to choose which delivery option is right for them and have flexibility to change that option as their needs change.

- **Deeper research:** New patients surveyed look for virtual care options before they sign up with their doctor.

Care Collaboration Discussion

Led By:

Bradley Dick
CIO, Resurgens Orthopaedics

HEALTH INNOVATION THINK TANK

JUSTIN BARNES LLC ADVISORS

HealthData Management

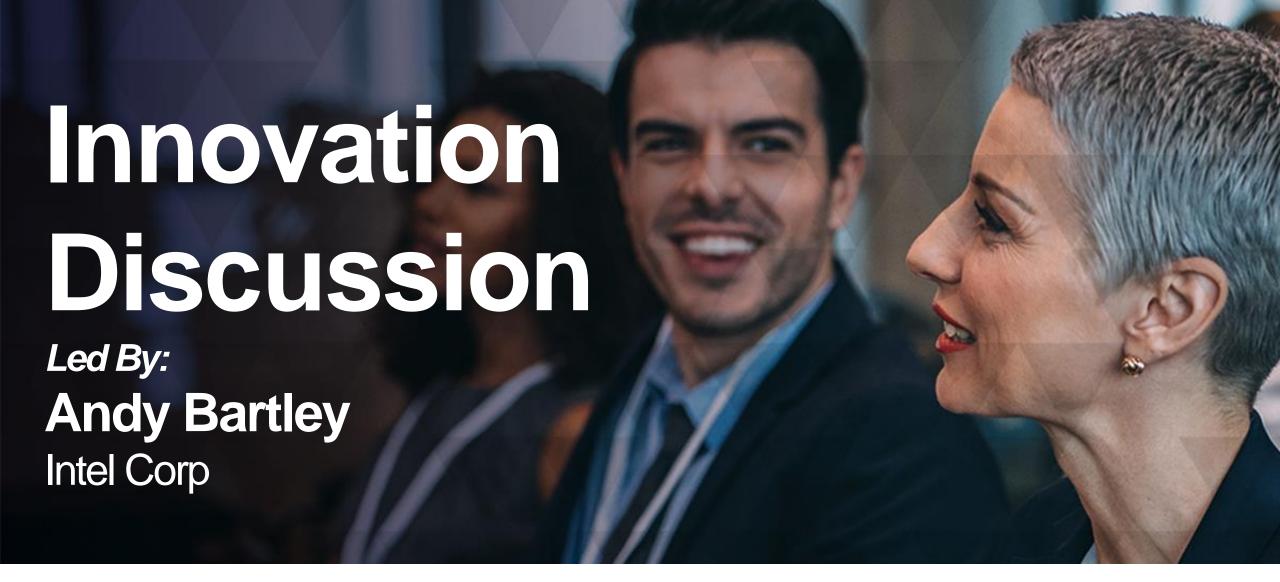Healthcare NOW Radio

Lenovo Health

Care Collaboration Key Takeaways

- From a paradigm perspective, engaging with computers is the same as it has been for the last 30 years, but now there's a game-changer by being able to engage with a computer through speech. Using AI (Artificial Intelligence) and NLP (Natural Language Processing) should bring tremendous value to many facets of healthcare.

- Patient encounter documentation can be challenging, but many see NLP as one component of solving data capture issues at the point of care.

- We can gain so much more engagement with patients through the "Alexa-factor". Speech engagement systems change interaction. Physicians will have richer documentation if they can speak it vs. type it.

- **Key Learning:** From the patient's perspective, having a system that can prompt them to take meds or, for example, check glucose is a positive - helps form habits/modify behavior.

Care Collaboration Key Takeaways

- **Key Learning:** If you have to implement a new technology to reach critical mass of adoption, that development will take too long.
  - How can we take advantage of technology that's already in use? (more rapid adoption, lower barrier to adoption, faster time to healthy behaviors)

- **Measuring Outcomes.** Referring to Michael Porter's Value Paradigm, (ex. You're rated a 6 vs. a 5, but it costs 10x more – is that better value for care?) If you ask the surgeon, they all think they are the best.

- **Key Learning:** We need systems in placed that seek to provide the best care value.

- If you give someone the best outcome for 10x the money, is that the best care delivery? Find ways to provide the best outcome at the most efficient scale.
  - Can we capture/leverage data to demonstrate the "best?"

Innovation Discussion

Led By:

Andy Bartley
Intel Corp

Health Innovation Key Takeaways

- In healthcare and care delivery, invest in examining the **human element.**
  - **"***Doctors get trained on the procedures but live on the habits***"**.

- To transform healthcare, we need to think about change - behavioral and habit.
  - On the provider side, are we collaborative enough?
  - Are providers getting involved early enough?
  - Do we have enough user-input early in product and solution design?
  - Do you have the best environment to foster truly innovative ideas? To foster game-changing innovation?
  - How do we introduce new habits?

- **Key Learning:** Regarding AI innovation, there is a transition from "Artificial" to "Augmented" to "Amicable" intelligence.
  - Innovation "intelligence" can make providers run faster/smoother with more work/life balance
  - Fully optimize care provider time, not meant to replace doctors, just augment expertise.

Industry Disrupters Discussion

Led By:

Rasu Shrestha, MD MBA, Atrium Health

Neil Gomes, Thomas Jefferson University & Jefferson Health

Industry Disrupters Key Takeaways

- **Key Theme:** Innovation and embracing innovation is a strategic imperative for care delivery organizations. Advancements can be stifled by a number of human and technological factors but a key theme in healthcare today is being cognizant of "silos" that have been created inside your organization. Look introspectively across the organization to understand what opportunities exist and what barriers exist to strategically advance your health system or organization and achieve their goals.

- **Key Learning:** Silos aren't all inherently bad — the keepers of the silos hold the history close to heart. If you want to break down a silo to rebuild, first understand why it exists. Silos are formed because organizations (as living beings) go through phases of growth, of maturity and learning. They build muscle that is appropriate for a specific stage of their life. What we've done is encourage a proliferation of silos.

- **Key Learning:** We have to understand and break down problematic silos inside our organizations but pay homage to why they're there. There is a history that should be understood, acknowledged — even honored in some cases.

Industry Disrupters Key Takeaways

- **Key Theme:** Create and foster a culture of leadership, innovation, evolution and disruption
  - Build more "bridges" inside and outside of your organization; build for the greater good
  - Understand the psychology of change management
  - Foster a healthy culture of communication and collaboration
    - Cultivate a 360-peer review strategy as a best practice

- **Key Learning:** Make disruption sticky. Everyone likes to innovate — no one likes to change. How do you scale and sustain so that everyone adopts? Change management and the culture of change are important.

- **Key Theme:** How do we "unlearn"?

- **Key Finding:** Unlearning – Remove assumptions, let go of old paradigms and rethink best practices that lead to improved outcomes. There things we've learned throughout our career, life, culture and habits that need to be actively "unlearned" at this juncture. Just because we have done something one way for 5-25 years does not mean that is still the best way. "Unlearn" old ways and embrace new strategies, ideas, innovations and paradigms to advance and disrupt the future of health.

Industry Disrupters Key Takeaways

- **Key Theme:** Create an experience vs. a "thing".

- **Key Learning:** Sell the experience. Focus on the "why".
  - *People don't buy "what" you do but rather "why" you do it*. – Simon Sinek

- Regarding our healthcare consumerism transformation, think about the journey. Think about eCommerce sites that sell to the consumer and analyze the buying experience.
  - Are you doing that, if not, can you?
  - How can we make the healthcare journey and experience better?

- **Key Example:** Domino's transformed from focusing on pizza to focusing on the pizza delivery experience and their stock price is up over 400% since.
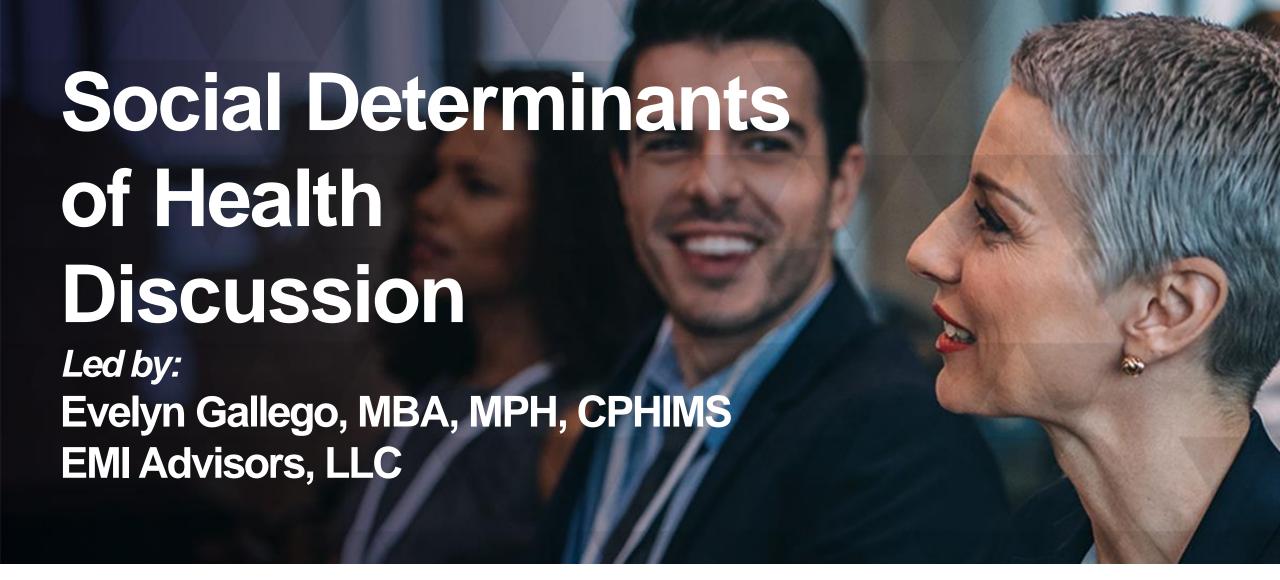
Industry Disrupters Key Takeaways

- **Key Example:** Creating a product versus an experience – Ford vs Tesla

- **Key Examples:**
  - Patients apps now share directions, best routes, parking details, food, restaurants along the way and many advanced wayfinding tools. Redesigned the patient experience around the journey.
  - Added retail health clinics throughout community
  - Launched a voice assistant that is fully HIPAA compliant. The device answers non-clinical questions. The patient can see that their service issue (survey) was read and the problem was fixed in near-real time.
    - Patients take pictures and let hospital know what's wrong with the room – often while patient is still in the room

Industry Disrupters Key Takeaways

- **Key Learning:** We need to relearn. To get the doctor to talk to the patient, we tried to retrain the doctor but learned — Don't ask the doctor to change — change the environment to fit the doctor.

  - By modifying our thinking and training, we allow the doctor to cure the patient.

- **Key Example:** We put a card in the patient's room. The card has a list of questions the patient should consider asking the doctor. These questions "cue" the patient for the engagement. We didn't change the physician — we simply cued them to engage.

Social Determinants of Health (SDoH) Information Improves Whole Person Care and Lowers Cost

OPPORTUNITIES

- Growing evidence on influence of SDoH interventions
- Healthcare systems increasingly interested in leveraging their EHRs to collection social risk information
- Payers motivated to invest in low-cost social interventions with high ROI
- Significant opportunity to use health IT and EHRs to document and aggregate SDoH data

BARRIERS

- No common definitions or structure for SDoH information
- Gaps and overlaps in existing terminologies and codes
- EHRs not focused on documenting SDoH
- Variable SDoH data capture and use across provider workflows
- Conflicting guidance and incentives

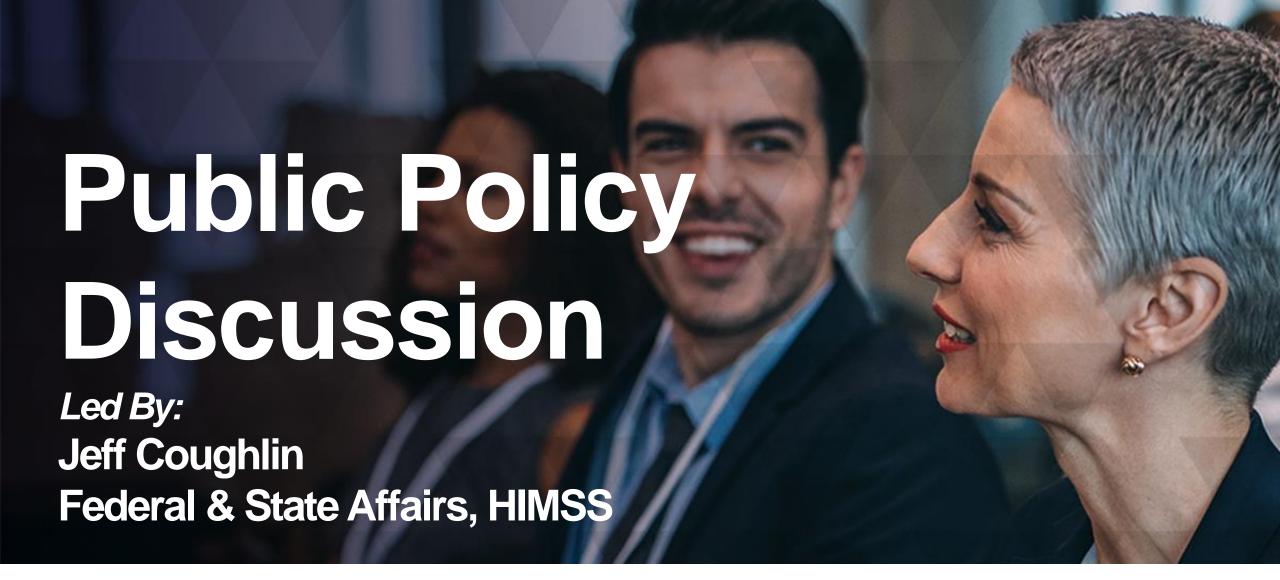SDoH Coding Collaborative (SDHCC) 2019

| Food Insecurity | Housing Instability & Quality | Transportation |

Focus on defining common data elements (CDEs) to support SDoH documentation across screening, diagnosis, and treatment activities.

SDHCC Glide Path

- **Regulatory Trends** (e.g., U.S. Core Data for Interoperability (USCDI) SDoH Data Class)
- **Payment Reform Efforts** (e.g., CMS CMMI Payment for Housing, Mass. beginning SDoH payments in 2020)
- **Technology Innovations** to support interoperable SDoH documentation, data analytics, and data aggregation

Public Policy Update Across the Three Themes

- *Consumerism: Elevating the Patient Experience*
  - CMS and ONC Proposed Rules prioritize patients and place patients at the center of care delivery
  - Greater CMS recognition of telehealth and RPM technologies across several programs
  - CMS MSSP ACOs able to incentivize beneficiaries to stay engaged

- *Collaboration: Advances in Care Collaboration and Care Models for Improved Outcomes*
  - CMS and ONC partnering to address clinician burden issues through E/M documentation coding
  - Greater data exchange is key; Data from CMMI projects on testing new payment and service delivery models
  - Added focus on social determinants of health and ensuring key information is available and accessible to drive better outcomes for patients

- *Innovation: Ramping Up for the Future of Care with IT Innovation*
  - DoD and VA EHR Modernization projects are proceeding
  - New HHS Cyber Playbook for Small Practices details
  - Appropriate FDA regulation is critical—New digital health software paradigm; Pre-cert Program for companies with a robust culture of quality; FDA approval of AI-based diagnostic tools

Thank you!

THINK TANK

Directly and unscripted from thought leaders on the front lines of healthcare

Justin Barnes
Co-Founder

Dr. Bob Monteverdi
Co-Founder

HEALTH INNOVATION
THINK TANK

JUSTIN BARNES LLC
ADVISORS

HealthData
Management

Healthcare NOW
Radio

Lenovo Health