

4sight Health Roundup

Podcast Transcript

Thursday, November 2, 2023

[Music by C Ezra Lange]

David Burda:

Welcome to the 4sight Health Roundup podcast for health's podcast series for healthcare revolutionaries, outcomes matter customers count and value rules. Hello again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, November 2nd time to button up the outside of the house for winter if you live in the Midwest. Time to watch for sales on frozen turkeys if you're hosting Thanksgiving dinner, and time to lock up a former president for sharing top secret information with anyone who will pretend to like him and tell him he's smart. Pretty sad. You know what else is sad? The industry struggle to effectively address healthcare worker burnout, and that's what we're going to talk about today on the roundup courtesy of a new report from the CDC to tell us how we can get out of this mess are Dave Johnson, founder and CEO Foresight Health, and Julie Merchants and partner at Transformation Capital. Hi Dave. Hi, Julie. How are you guys doing this morning, Dave?

David W. Johnson:

Well, given all your discussion of sadness, Dave, I think I'm sad because we got our first snow flurries this week and we're going to lose daylight savings time this weekend means darkness will descend at 5:00 PM I guess I'm glad I don't suffer from seasonal affective disorder? That would really be sad.

David Burda:

Yeah, that's right. Julie, how are you?

Julie Murchinson:

Well, I'm always a little disappointed when Halloween is over, but I'm already pondering pumpkin pie, so not so bad.

David Burda:

All right. Yeah, something to look forward to. That's great. Now Dave, you like pumpkins, but not pumpkin pie, right?

David W. Johnson:

That's exactly right.

David Burda:

See, I listened to our podcast.

Julie Murchinson:

You are missing out.

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David W. Johnson:

I like to carve pumpkins.

David Burda:

Yep. Now, before we talk about this new CDC report on how healthcare workers are feeling, let's talk Turkey. Picking up on the pumpkin pie theme. Dave, do you serve Turkey for Thanksgiving? And if so, who cooks it?

David W. Johnson:

Well, we haven't eaten meat for a dozen years, so no Turkey at our house at Thanksgiving. No trip to fan induced sleep for me anymore, but I will run the Turkey trot, so I'll see some turkeys there.

Julie, how does Turkey fit into your Thanksgiving plans?

Julie Murchinson::

We are also running a Turkey Trot in Fort Lauderdale, Florida. Dave, I'll be high fiving you somewhere along the way, and I think I've shared this with you guys before, but we used to be avid Turkey friars until we moved to Washington and we haven't quite brought the Turkey friar back to life. So now we're going to be eating Turkey at the local restaurant. I think

David Burda:

Taking a shortcut, better not do that in the Turkey Trot,

I usually have Thanksgiving dinner at someone else's house, so I'm off the hook and if we ever did host dinner, there's absolutely no way anyone would trust me to cook the Turkey. So I think I'm safe or more accurately, they're safe.

Trust actually is a big part of this new CDC report, which I'll explain in a moment. The report is based on ACDC survey of 325 healthcare workers conducted in 2022. It repeats a similar survey that the CDC did in 2018 and the CDC compare the results of the two surveys for the report. Here are some of the top line findings. The number of poor mental health days per month reported by the workers rose from 3.3 days to 4.5 days. The percentage of workers who describe themselves as feeling burned out very often rose from 11.6% to 19%. The percentage of workers who said they are harassed at work rose from 6.4% to 13.4%, and the percentage of workers who said it's very likely that they'll look for a new job rose from 11.1% to 16.5%. That's a pretty grim picture, but it's one we've heard Ian talked about before. But here's the new stuff that I want to talk about. Burnout dropped under four conditions. The trusted management, the workers had supervisors who helped them. The workers had enough time to complete their tasks, and the workers felt that their workplace supported productivity.

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Dave, I'd like you to talk about the first two, trust and management and supportive supervisors. First, do the grim stats surprise you? And second, how can senior leadership cultivate trusted management and develop good supervisors?

David W. Johnson:

Well, the statistics don't surprise me at all. I'd be surprised if they surprised you or Julie either. The data is absolutely consistent with all of the other studies we were seeing on the effects of burnout and moral injury in healthcare workers stepping back. There's absolutely nothing worse than a bad boss. They come in all varieties, narcissists, ghosts, tyrants, micromanagers, paper pushers, whirlwinds, the list goes on. Bad bosses aren't endemic to healthcare, but the people-centric nature of healthcare delivery makes them particularly toxic. The surveys will tell you that the number one reason that people quit jobs is because they got a bad boss, and I can testify to that personally.

I'm also a big believer, as I've talked about several times on this show in the loyalty effect that was named by Fred Reichhold of Bain in the 1990s, but the concepts are as old as time treat your employees well. They'll go the extra mile for customers and then the company will do well. The highest return any company can get is by unleashing human potential. It's hard to measure, but boy, you can feel it when you're in a high functioning organization where people trust each other, help one another and go the extra mile for customers.

That's the secret sauce. But here's the rub in healthcare. Healthcare delivery almost always focuses from an organizational perspective on volume and revenue optimization. And so it's makes it hard to go the extra mile for customers. If your managers judge you based on how much volume you're doing and how much money you're generating, not how good a job you're doing for your customers, your patients, you've got this major disconnection between what the organization says it's doing. The mission statements are always great and what it actually does, and if you wanted to ask me, I think this is perhaps the biggest industry specific cause of burnout and moral industry among healthcare workers up to and until healthcare aligns what it does, what customers need and want it to do. No amount of managerial engineering or slick technology can really fix the problem. Dave, I know you're a movie buff.

You probably remember Alec Guinness in the river quad. He was a terrific boss and built a fantastic bridge over the river qua, but his great work benefited the Japanese army. And when he finally realized that he blew the bridge up, right?

But how many river quai bridges do we have in healthcare that need destroying dozens, hundreds, thousands, probably thousands. And really until we get that alignment, that real connection between what the organization says it wants to do and what it actually does, we're in some ways going to be fighting a losing war as it relates to keeping people motivated or employees motivated, engaged and going the extra mile for customers. They almost have to do it against the organization rather than with the organization. And that is a tough road to hoe. Just ask all Guinness.

David Burda:

Yeah, make your numbers. Make your numbers right. Thanks Dave. Julie, any questions for Dave?

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Dave, great. Great. Assessment, analysis, observations, thoughts. I love the Qua bridge. That what it was, qua Bridge. I might start using that. So these issues, trust and management and helpful supervisors. Are these issues that could be helped by technology or are these really human driven issues only what needs to happen?

the disconnection between organizational behavior and individual performance and technological improvement on a broken system can make that system work a little bit better, but it's not necessarily going to drive the results that we ultimately want. I always come back to the book Drive by Daniel Pink.

David W. Johnson:

When I try to get grounded in this particular question. That book drive looked at what motivates professionals, and it's really not money. I mean the money has to be fair, but once it's fair, what drives professionals are what he calls amp AMP, autonomy, mastery, and purpose. People want to control their day-to-day work life.

They want to master their profession and they want to believe they're part of something bigger. They want to have real purpose in what they do. And so I think the real key to unlocking performance, fighting burnout, eliminating moral injury is really grounding organizational activity on these three things. How do we give people autonomy? How do we enable them to master their profession? And how do we make sure that our purpose lives up to the hard work they're doing on our behalf? That's what I really think is the key. So technology, if you get the basics, can really turbocharge organizational performance, but if you don't have the basics right you're always going to be fighting a losing battle to some extent.

David Burda:

Got it. Dave, thanks. Now, Julie, I'd like you to talk about the second two time to complete tasks or workload I guess, and productivity support. What's your take on the overall grim stats? And second, what can the market do to help healthcare employers help their workers complete their task and be more productive at work?

Julie Murchinson:

Well, this doesn't surprise me at all. I'm talking day in and day out who while their struggle with workforce is not as high as it was, they're still all struggling with not only nurses and nonclinical workers, but the physician exodus certainly to specialty care is significant. And we definitely know that healthcare as an industry has taken a lot longer to see the efficiencies and effectiveness from the application of technology. And it's everything that Dave just said. So I'm going to do something that I normally do not do, which is walk through a couple of our companies just to demonstrate the simplicity of what they try to do and the savings and the value that they create.

There are so many companies out there doing great stuff, but I'll talk about a few. First memora, they digitize and automate care programs, so think like specialty care programs, and they simplify how patients and clinicians navigate that journey through text at home between visits. They have shown that

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they've reduced 40% inbox notifications and two and a half daily hours saved per FTE. I mean, that's a no-brainer, right? Why use the phone when you can have a more automated way to think about texting through a journey? Jeanie? Jeanie makes on-demand interpreting happen under 30 seconds. And if you aren't familiar with how this works in the ED or a hospital today, workers have to make an appointment and then be back to the bedside with the tablet on wheels for that appointment. Then often that appointment is missed because of the chaos in the ED and the time saved per patient is truly unbelievable and can happen in the moment.

They can connect to the interpreter in the moment, which drastically reduces fall off and increases satisfaction for everybody involved. So again, simple solutions vital. They basically bring ADT and EHR data to life and this really elegant way that keeps patients informed in the ED and in the hospital. So think like you're in the ed, you can actually use your phone. You understand when tests have been ordered, who you're assigned to from a nurse and doctor perspective, and perhaps others. What the potential wait times and result times are for what's been ordered for you gives patients control and clarity and predictability. And why does this matter to healthcare workers who we're talking about here? Well, I can assure you that the last anxious patient asks far fewer questions, and what I was shocked by from vitals data is that one of the top questions that healthcare workers get asked in the ED is wait for it. Where is the Starbucks? That's not entirely relevant to vitals real value, but that

David Burda:

Must be the Seattle ed's. Julie. Well, maybe it's nationwide. Chicago, the candy machine.

Julie Murchinson::

All right, and here's one of my favorites, parachute, which you can think of as like e-prescribing for DME saves loads of time for clinicians and non-clinician get this over half the health systems spend more than one day collecting documentation per DME order one day per DME order per order. So parachute can make that happen under three minutes, and they do so by really looking also what's kind of formulary on the DME side from the plan. And this increases physician satisfaction, their staff satisfaction. Certainly all the people who are doing all the work running around for that day reduces discharge delays and improves outcomes. So what's not to love about that? So I could go on and on. I mean, Dex Care are also doing a ton of work in this area in terms of how they orchestrate physician demand and capacity that basically creates incredible throughput. And by the way, physicians end up seeing patients that they actually should see versus patients that weren't properly triaged to 'em, and it resulted in fewer cancellations. So there's so much application, not just in our portfolio, there's so many examples of technologies like these that are improving lives, morale and productivity of healthcare workers everywhere, and a lot of them have been applied to today's problems and a lot of them have been reimaged to make the way we solve those problems quite different and more efficient

Thanks, Julie. Dave, any questions for Julie?

what I'm wondering is how much of the burnout increases that we're seeing in healthcare workers occurs because we're asking them to do the wrong things more efficiently. Essentially, how much of burnout is due to burden and how much is due to moral injury? And can we ever fix healthcare without addressing its moral failings? Just a simple question for you.

I just heard a health system CIO today tell me this pretty amazing quote, which is, if I can't reach out and touch the RO, I don't have time for you. And he's referring to how he thinks about innovative solutions.

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So I think if you think about him in the leader category today, what is that ROI based on, right? How are they even calculating thinking about, is that the old way? Is that a way it could be reimaged or frankly, do they just need to get a different set of ROI taken care of to deal with the ROI that some of these companies are talking about, which just don't hit the top 20 list, right?

So at the end of the day, the burden is huge, and I think in Digital Health 1.0, when ONC and went through its initial work and meaningful use and all that, we anointed a bunch of technology companies to wrap technology around old ways, and we see it all the time in EHR arguments and what's not working out there. Now we're in Digital Health 2.0, probably even getting to 3.0, and we're seeing all these solutions that are coming in and leveraging that core data, like I just talked about, vital leveraging data and doing something really productive with it that can be useful and frankly drives a lot of efficiency and effectiveness. We're seeing just new ways to think about how technology can access resources in a much broader way to bring more capabilities to life in ways that are not about the old ways. So this is probably a very natural evolution, but it does come back to the fact that I think many healthcare leaders have not absorbed how to think about the age old current state, and future state of how consultants used to design technology around processes.

I'll just tell one quick story about the worst productivity move in my career, and it gets back to your ROI question. Julie. When I ran the modern healthcare newsroom, everyone had their own printer. That's when people printed out things. I had a printer, the reporters had a printer, the copy desk had a printer, the graphics guys had a printer, and no one had to move more than a few feet to print something out. Then some genius decided to have one centralized printer on one floor that everyone used, not just us, but all departments and all other publications on the floor. It wasn't just to save money on paper, it was to monitor who was printing what. It was a real lack of trust, and it turned into a huge unproductive cluster, especially when someone didn't refill the paper or deleted someone else's print order to jump the line. It got ugly and everyone was crowded in the printer room and no one was at their desk working. So it was yesterday. Now I'm worked up.

Julie Murchinson:

Yeah, you are.

David Burda:

It was nuts. It was nuts. All right, so let's talk about other big news that happened this week to get me out of this mood.

So Julie, what else happened this week that's worth knowing?

Julie Murchinson:

Well, I'm sure most people have seen this, but General Catalyst has announced that they are buying a health system to basically deploy some of their 99 healthcare companies in GCs portfolio. It's kind of amazing. So apparently the health system is going to be in northern Florida somewhere and our friend from Intermountain's going to run the whole show. So it's going to be exciting and interesting.

David Burda:

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Yeah, it'd be a real experiment in private equity ownership.

Dave, any news? Cross your desk. That's good to know.

David W. Johnson:

I'm still thinking about your printer story. I don't think Dilbert's got anything on you, man.

Julie Murchinson:

No, the office. I was thinking about the office. Yeah,

David Burda:

The office too. The office is, that's exactly right. It was nuts. It was nuts.

David W. Johnson:

Anyway, this is terrific. You remember our show a couple of weeks ago where we talked about is there just one EHR company with the name of Epic or are there really more than that.

David W. Johnson:

My friend David Butts teaches at the University of Michigan, Ross Business School listened to that episode and he sent me an analysis of Epic market share based on hospitals, beds and discharges instead of installations and using Dave's data and those baselines, epic's market share claims or climbs from 40% to between 60 and 68%. Can you spell Monopoly? So a plug for the show and a plug for Dave and his great research, but aligned with that, I'm watching this antitrust trial against Google on their browser, and I'm thinking if the government wins that one, they should put Epic in their sites.

David Burda:

Wow. Okay.

Julie Murchinson:

I'm ready.

David Burda:

We will keep an eye on that. That's great. Thanks Dave and thank you Julie.

And just for the record, my printer is inches away from my laptop on my desk, so there you go. Lesson learned.

That is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show or about productivity tips for your workplace, please visit our website at 4sighthealth.com. And don't forget to tell a friend about the 4sight Health Roundup podcast. Subscribe now and don't miss

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another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.