4sight Health Roundup Podcast
Transcript
March 28, 2024
The Way Forward for Medicare Advantage

David Burda:

Welcome to the 4sight Health Roundup Podcast, 4sight 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, March 28th. It is the last week of spring break around the country, and today will be one of the busiest travel days of the year at many airports according to the TSA, especially with Easter on Sunday. I hope you did carry on only today, people in addition to spring break weeks this month, it also was National Patient Safety Awareness Week March 10th through March 16th. I hope you made it through the week without getting harmed by a medical error. And that's what we're gonna talk about on today's show, patient safety with Dave Johnson, founder and CEO of 4Sight Health, and Julie Murchinson, partner at Transformation Capital. Hi Dave. Hi, Julie. How are you two doing this morning, Dave?

David W. Johnson:

Well, this is one of the best days of the year you know, absent those Dodgers Padres games in Korea, this is opening day for baseball season. [00:20:00] So I'm, I'm I'm excited.

Burda:

Yeah. Let's play ball. Thanks, Dave. Julie, how are you?

Julie Murchinson:

Between Caitlin Clark, who's kind of a, you know, my new obsession and millions of other Americans and

Johnson:

Me. Mine too. She's unbelievable.

Murchinson:

Unbelievable. What? Good role model. Amazing. Yeah. What a talent. And then the Key Bridge, like, I can't believe the Key Bridge is gone, so I don't know. I'm having a tough week<Laugh>.

Burda:

Yeah. That's a real tragedy. That it is something. Thanks. Thanks, Julie. Now before we talk about the latest news on patient safety, I did want to ask you about your spring breaks. Dave, do you have any memorable spring break moments from college that you'd be willing to share?

Johnson:

No. My spring always sucked. I was broke. I never had enough money. Was incredibly jealous of people went to Florida, and even more exotic places.

Burda:

I wish I would've known you then because I had a similar experience. Julie, how are you any spring break moments from college that you'd still talk about with your friends?

Murchinson:

Well, I was one of those people who went to Florida. <Laugh>. You didn't like <laugh>, but I did have a good reason. I grew up in Florida, so I was going home. And I do remember this one spring break when my roommate came down to visit, and we went to Disney World and Eyore, do you remember the character Eyore from Winnie The Pooh?

Burda:

Oh, yeah. Sad, sad donkey. Yeah.

Murchinson:

Yeah. He got a little too close to my friend and, you know, got a little too yeah, Eyore not good.

Burda:

Oh my goodness. <Laugh>.

4sight Health Roundup Podcast
Transcript
March 28, 2024
The Way Forward for Medicare Advantage

Murchinson:

Yeah.

Johnson:

And Winnie the Pooh didn't know what to do.

Murchinson:

Yeah. Yeah. It was ugly.

Burda:

You might expect that from Tigger, but not Eyore. <laugh>. That's a great, that's a great story. Well Dave like you, I lived at home and commuted to college. So when spring break rolled around every year, I would visit my friends who went away to school and who weren't on break. And let me tell you, I sure missed a lot, but I did make up for it in graduate school. So that, that's all I'll say. But people have a lot to say about patient safety, and there's your transition. ECRI released its annual list of the top 10 patient safety concerns. I won't read off the whole list for 2024, but a few did catch my eye that I want you to comment on. Two specifically had to do with people. One, challenges transitioning newly trained clinicians from education into practice. And two, the decline in physical and emotional wellbeing of healthcare workers. And two others specifically had to do with technology. One, the unintended consequences of technology adoption. And two, the complexity of preventing diagnostic errors. The new list is in addition to a list that ECRI released earlier this year on the top 10 health technology hazards. And feel free to pull from that list in your comments. Dave, let me ask you about the people problem. How serious a threat are newly trained and emotionally drained clinicians, and what can we do to prevent these from becoming a patient safety problem?

Johnson:

So, how serious a threat, I gotta say, having read through the ECRI survey we don't really know the answer to this. The data that they cited in their concerns particularly related to the people issues that you discussed, Dave, were based on survey results not outcomes based measurements. So, you know, for example, with, with nurses less experienced nurses weren't reporting safety events as frequently as

more experienced nurses that could be an issue, probably is an issue at some level. But it wasn't, wasn't tied to outcomes. They also said that 30% of nurses with less than two years training are reporting that they don't feel prepared for the job. No context there. Is that worse than it was five years ago? Better than it was five years ago? Maybe it's worse but no context. The same with, with some of the findings regarding, you know, burnout self-reported data in the us. More physicians are reporting sleep problems, looking for another job, feeling burned out, experiencing harassment at work in 2022, then in 2018 but again, not tied to outcomes. And then there was a lot of discussion about reduced mindfulness. Well, I see that everywhere. And I don't know, again, if it's worse in medicine and whether or not the safety protocols in place are able to counteract that. I guess where I'm going with this is one, I think the data's soft for the reasons I've talked about. You know, correlation isn't causation. These are serious issues. I just wish we had better empirical data on which to make some judgements. Technology's supposed to help it's supposed to make life easier the way it does in other professions. You know, that I'm a big believer in human machine collaboration, and that we have to relymore on the machines to do the mundane work so we can free up human beings to do the things human beings are, are much better at relating to connection and empathy and and so on. So at the end of the day honestly, this, this study doesn't do too much for me one way or the other. Maybe highlights some things we should be paying attention to, but if they really want us to take this seriously, they have to tie it back to outcomes.

Burda:

Got it. More raising awareness than proving a point that, that's interesting. Thanks, Dave. Julie, any questions for Dave?

Murchinson:

Yeah, Dave, I was struck by something I read about new staff, and, you know, this is true of new workers in just about any industry, right? Where they're concerned that new clinicians haven't had the experience necessary to really dig in. And that's become a patient safety risk. What could have been done better to prepare new clinicians for patient interaction? I mean, that piece seems both, you know, challenging to do, right? Perhaps. yeah. And seemingly mind boggling that we're talking about it that way. Yeah.

Johnson:

<Laugh>. You mentioned Caitlin Clark earlier, and one of the things I just love about her when she's interviewed is you can just tell she practices all the time, right? It's like the old joke about how do you

get to Carnegie Hall? Practice, practice, practice. And today we have the simulation capabilities that we have from everything from, you know, flying in space to you know, training doctors and nurses to do procedures is so much better than it ever was before. I think I've mentioned that I spent a couple of hours in the Mayo Simulation Lab last summer and was recently good at threading a catheter after 15 minutes. I just think we have the technology in place to really train people and get them confident without having to, to to practice on live human beings. Back when I was a banker and this was early in my career, I was doing a rating agency visit and at a prestigious academic medical center, and the chief medical officer was on the tour, and somebody asked the question about you know, being the first patient that a doctor operates on. We got the incredibly crass response from the chief medical officer that that was what the homeless and veterans were for, you know, Yeah. Totally mentored doctors that, yeah.

Murchinson:

Don't forget the prisoners.

Johnson:

Yeah, prisoners. There you go. And we do have, unfortunately in the country, different levels of quality practice on disadvantaged groups and different levels of access and different levels of, of quality delivery. And so I don't wanna minimize that, but as it relates to training, and Julie, to your question we just should not accept that people go into their first live interaction with a human being, whether it's drawing blood or threading a catheter or without having demonstrated high levels of proficiency in simulations just shouldn't happen.

Burda:

Yeah. That made me think of the driving simulators we had in high school back in the day, and they wouldn't let you on the road until you spent hours inside those machines. Did you have that? Did you know, did you guys have that? Did, did they still have those? I don't even know, but I know my kids didn't, and I could, I could tell <laugh>

Johnson:

I didn't, and I should have as, as the short answer there.

Murchinson:

I was thinking the same thing.

Burda:

That's great. Thanks Dave. Julie maybe this is a good transition. Let me ask you about the technology related items on the list. How serious a threat are diagnostic errors in technology adoption, and what can we do to prevent them from becoming a serious patient safety hazard?

Murchinson:

You know, I went a little bit broader. I'll try to come back to technology, but when you analyze all these phases we're in, and, you know, the pandemic experience and those issues and innovations that we're experiencing that are like, you know, once in a lifetime we might be in a perfect storm of patient safety risk. I don't really mean to enable ECRI to scare us, but, you know, first all the people issues you just talked about, Dave, which are unclear, but perhaps, you know, you could see them second AI obviously pushing the decision making envelope through its black box, hallucinating, you know, introducing bias phase. Everyone's freaked about it. You know, I know a handful of different and all too similar AI coalitions and initiatives, but I'm not sure that, you know, we as a country won't just wait for AI to be so obviously global and subject to Europe's regulations before we have to least start shaping our own ai destiny in healthcare. It's, it's unclear to me what road we're really gonna take here. And, you know, third, these human errors, they talk about… Burda, your piece on the really high percent, like 23% or something of the patients who died or were sent to the ICU because of diagnostic errors you know, I don't know, Dave, to your point, whether that's better or worse than it was four years ago. Burda did your piece have a thought on that?

Burda:

No, no, it didn't, didn't look back. You're right.

Murchinson:

But I know with some of the technology and information and decision support analytics we have, we could do better than that, right?

Johnson:

Yeah. Still way too high. Yeah, way too high. Way too high.

Murchinson:

Yeah. And then I think the most significant change coming is the fourth, which is home care. And, you know, more people receiving medical care at home as our population ages. And obviously we have more chronic conditions you know, every day as a result, you know, medical devices like infusion pumps and ventilators and several others are now being used in the home. And sometimes my caregivers and patients who either haven't been trained or frankly, it's, you know, these technologies are just too complex for them to manage well, and I mean, it's no wonder that there's a laundry list of tech risks, you know, coming. And it's so daunting. You know, first I do wanna say number one on equity's list was usability challenges with medical devices in the home. And I do think this home thing is a big deal. There are companies that are starting to spread up to try to, to control the environment in the home. There's obviously kind of the best buy potential here, right? There's another company called [?]Kois[?] that endeavors to create a frictionless health environment beyond the facility. What does that mean? Well, it's making sure the tech is set up properly, maybe making sure the tech is maintained properly. So I think we're gonna see more control in the home environment. We definitely don't have it today. I'm gonna go through some more of this. Insufficient cleaning instructions for medical devices. That's number two on ECRIs list. That seems kind of fixable, doesn't it? I'm gonna skip a little bit. Number five is insufficient governance of AI and medical technologies. I kind of commented on that earlier. Number six is ransomware as a critical threat to the healthcare sector. Well, <laugh>, we're experiencing this right now, so that's all too realistic. Number seven, burns from single foil electrosurgical electrodes. Well, that seems kind of fixable. Like I, there's gotta be something we can do differently about these things. Number nine, defects and implantable orthopedic products. What <laugh> it's gonna happen. Do we need to do more on the QA and regulatory front? I don't know. So, you know, some of these on this equity's top 10 list seem quite fixable or things that we know we could do something more about because we have a regulatory infrastructure or these, you know, we don't have the right regulatory infrastructure in place for these types of technologies and diagnostics. So we do need to, there's, we're not, we perhaps we're just really not keeping up to date quickly enough. I'll stop there.

Burda:

No, no tech's great when it works. And all you really have to know is when there's a problem, what do people tell you to do? Unplug it and plug it back in.

4sight Health Roundup Podcast
Transcript
March 28, 2024
The Way Forward for Medicare Advantage

Murchinson:

Reboot <laugh>,

Burda:

Right? Reboot. So, yeah, there's something going on. Thanks, Julie. Dave, any questions for Julie?

Johnson:

I just wanted to get your perspective on how should we think about the risk to patient safety of unproven clinical treatments and the exuberance of institutions, particularly if there's good payment associated with it. Well, providers too. Not, not just institutions, doctors to perform these clinical procedures before we know whether or not they work.

Murchinson:

You know, part of your question is what I was getting to at the end, which is where is there a need to apply what the FDA does in other areas? Right? And part of your question gets to our quest as human beings, especially in America, to just stay alive as long as possible by any means. And, you know, willingness to literally sign our lives away to try something. But yet we have massive bias in our, you know, clinical trials, data and other data since women weren't admitted to critical clinical trials until then nineties? It's a tough one, Dave. I mean, we don't, we don't want programs to you know, [00:44:30] to be born out of nothing. But I think a lot of people, consumers, as you think about consumerism on the rise, consumers want to live, and if they're willing to take the risk, it's good for business. So we're at this point where we might need to draw lines in new places, you know, regarding whatever regulatory infrastructure looks at.

Johnson:

It's like Donald Trump said about healthcare generally. It's complicated. <Laugh>,

Murchinson:

You know, turns out it's complicated. Yeah.

Burda:

Person, man, woman, TV camera, right? He's a genius. He remembered those five words. He's a genius. A genius. Thanks, Julie.

Johnson:

Just ask him.

Burda:

Ask him, him. Right? Well, you know, it's a cliche, but I still think the best patient safety strategy is to stay healthy and stay outta the hospital. Now, I don't know what's gonna happen if the hospital moves into the home. Right. Where do I go outside? Maybe? We'll see. Thanks Julie. And thanks Dave. Great discussion. Now let's talk about other big news that happened this past week. Julie, what else happened that we should know about?

Murchinson:

Two things. Everyone not necessarily in healthcare is excited about the Reddit IPO. So, you know, it'd be interesting to see if this starts to warm up the IPO market again. But I'm actually hearing a lot more or the last couple weeks about Change Healthcare's impact on you know, trust in innovation. And I'm hearing some who are jumping ship from change to other more innovative technologies that can bill and, you know, kind of get them paid, right? Because what's happening out there is really devastating. And then I'm hearing others who are literally sticking their heads in the sand and crawling into the bunker and saying they're not gonna adopt any innovations because of the change healthcare situation. So it's been very interesting to hear kind of different behavioral outcomes here.

Burda:

Wow. Wow. Yeah. Two, two different paths. Interesting. Dave, what other healthcare news should we be watching?

4sight Health Roundup Podcast
Transcript
March 28, 2024
The Way Forward for Medicare Advantage

Johnson:

Well, Julie, you mentioned in your response the movement of care into the home. And with that lens, I was impressed by the announcement of the joint venture between Kaiser Permanente and Town Hall Ventures this week to launch Habitat Health, which is all about building kind of all inclusive care for people in their homes so they can stay there for as long as possible. And it included launching some PACE programs in California. And since I believe the disruption of healthcare is going to come through decentralized delivery of whole person health, I'm on the sidelines cheering this with pompoms and megaphones and everything else because I really, you know, Dave, your point, it's not all bad, right? <Laugh>, right? I think this is a really positive development and is gonna just continue to put pressure on the existing system, which defaults to the high cost centralized hospital disease-based care, and doesn't address these more practical ways to keep us all healthier and, and living more independently.

Burda:

That's great. I I missed that one. It's called Habitat Health, right? Yeah.

Johnson:

Yeah. Andy Slab.

Burda:

Yeah. No, I've gotta check that out. Thank you very much. And thanks Julie. 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, 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 another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.