4sight Health Roundup Podcast
Transcript
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How We Treat Our Most Vulnerable Patient Populations

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, April 25th. This past Monday, April 22nd was Earth Day. I hope you did something to protect our planet and our environment. A buddy of mine, James Ani, started something a few years ago called The 3000 Day Litter Challenge in which you pick up at least one piece of litter a day and dispose of it. Monday was day 1,695 for James, and he's still going strong. You can follow his daily progress and see what he picks up. That's the best part on Twitter. Oh, I mean, X at Workforce James. That's Workforce James. How we treat our most vulnerable assets like planet Earth says a lot about us. We're going to talk about another one of our most vulnerable assets of vulnerable patient populations and how we treat them on today's show with Dave Johnson, founder and CEO 4sight Health, and Julie Murchinson, partner of Transformation Capital. Hi, Dave. Hi, Julie. How are you two doing this morning, Dave?

David W. Johnson:

I'm enjoying watching Nature come back to life and all the sports on TV now, including the NFL draft. Will my Vikings pick a quarterback we'll know tonight?

Burda:

The future is at stake. Thanks Dave. Julie, how are you?

Julie Murchinson:

I am well. I am home in lovely or was lovely Seattle and I'm on a podcast streak at the moment, I got to say. So getting some ideas for us. Just kidding.

Burda:

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That's great. Alright, now before we talk about vulnerable patient populations, let's talk about your Earth Day habits. Dave, give me an example of how you uniquely help protect our planet.

Johnson:

Well, both our cars are old enough to drink. They even have cassette players. I like to thank that. Not buying a new car every few years helps slow greenhouse gas production. Although I'm probably deluding myself. I also try to do the little things, turn lights off, keep the heat low, be parsimonious with water, my fair share.

Burda:

Good, good for you as it should be. Thanks Dave. Julie, any environmental quirks that you have?

Murchinson:

I've become in the last, so I'm one of those people who still uses Ziploc, the horror, and on the West Coast, that's actually not cool, but I've come to be quite a Ziploc washer and my family makes fun of how OCD I am about the Ziploc washing. So that's my new trick of the trade for the environment.

Burda:

So you're turning them inside out to dry on the kitchen counter?

Murchinson:

And scrubbing the corners that can get sort of not so clean. So it's a skill I think.

Burda:

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Yeah, that's a good tip. Well, I've got a thing about unused or old fishing line that I pull up or find along a shore or on a dock because that stuff will be here a million years from now tangling anything that gets in its way. So I always pick it up and dispose of it. It's the least I can do. Right. Okay. Let's talk about how we're protecting or not protecting our vulnerable patient populations. Courtesy of two new reports. The first is from the Kaiser Family Foundation on Medicaid disenrollment. The second is from the Commonwealth Fund on Health Disparities. Let me give you the top line findings from both and get your reactions. The Kaiser reports that 20.1 million people dis-enrolled from Medicaid from March of last year through March of this year. Of those dis-enrolled 47% re-enrolled in Medicaid, 28% obtained health insurance from another source, but 23% or about 4.6 million people became uninsured. 56% of those dis-enrolled said they skipped or delayed care or their prescriptions while attempting to renew their Medicaid coverage. The Commonwealth Fund used 25 different measures to evaluate states on access, quality, utilization, and outcomes for five different racial and ethnic groups. The report found significant disparities even in high performing states, significant disparities in avoidable deaths and significant disparities in experiences with the healthcare system. The report called for Affordable, comprehensive, and Equitable Health Insurance Coverage for All. There's your connection to the Kaiser report. Dave, let me get your reaction. What did you find most alarming and what would you do to solve the problem from a policy perspective?

Johnson:

It's a dismal story. Dave, you asked what I found most alarming. There are two paragraphs from the press release that capture the pain and dislocation that the US healthcare system inflicts on. Poor people in this country. Let me just, they're short about a third 35% who tried to renew their coverage describe the process as difficult and nearly half, 48% describe it as at least somewhat stressful. A majority 56% of those dis-enrolled say they skipped or delayed care or prescriptions while attempting to renew their Medicaid

coverage. Among all adults who had Medicaid prior to the start of the unwinding, the vast majority, 83% retained their coverage or re-enrolled while 8% are now uninsured and another 8% have other health insurance. Here's the one that really got me though;the share who are now uninsured is larger in states that have not expanded Medicaid, that's 17% than in states that have, only 6%. And of all the uninsured 30% of those are children. We make it way too hard to enroll in Medicaid. The process itself, the programs themselves are way too unfair and as a result, poor Americans die prematurely and fail to reach their full potential because of the US healthcare system's flaws. There are two World War II slogans that I think capture the big picture pretty accurately. Snafu and fubar snafu is situation normal. All fouled up and FUBAR is fouled up beyond all recognition. And if you believe the F stands for fouled, then you're more naive than I thought.

Burda:

I was wondering you were going to substitute a word.

Johnson:

<laugh>

Burda:

I had my pen out.

Johnson:

Yeah. There was a moment during Covid where we funneled money to America's poorer populations, particularly children and poverty rates dropped precipitously, people paid their bills and felt more secure. All of that is unraveling now. In fact, what brought my attention to this Medicaid story was an article in Modern Healthcare last week on the Kaiser study and the title was 20 million Fewer Medicaid Enrollees Means Trouble for Providers. So Modern Healthcare was worried about the providers, not the people,

actually not getting the care. And in a nutshell, I think that kind of captures our problem. We aren't worried enough about the tens of millions of afflicted Americans, who's looking out for their interests? I probably mentioned a couple of times this Robert Putnam book, the Upswing, where he looks at US History and Culture Society over 120 year period from 1895 to 2015 in terms of income inequality, less or more political cooperation, less or more cultural cohesiveness, less or more individual connection to society, less or more. And in all of these areas we're back to gilded age levels of disconnection, poor performance. He calls it the I We I program. Today in America, Medicaid pays for half the burst and our system does a snafu fubar job of pre- and post- natal care. I mean, even if we don't care about equity, which of course we desperately should care about equity, we're talking about our future workforce and we're setting ourselves up for a workforce that can't perform anywhere near close to its potential. I suppose the good news is if we can fix healthcare, if we can all get healthier together, which is possible, we can begin to repair the nation's social fabric that Robert Putnam describes as come unraveled. If we can't, the American dream will turn into a nightmare for more and more of our fellow citizens. Is that what we really want?

Burda:

Yeah. Snafu and Fubar say it all. Great analysis. Thanks Dave. Julie, any questions for Dave?

Murchinson:

Dave, I read that disenrolled people found out that they were moved off Medicaid when they went to get care and also that the numbers are likely underestimated given significant lags in data. So how are we at this place where I can get a communication about the Amazon package that was delivered a minute ago and Alaska Airlines can send me a wait list notification as soon as I move from one status to another for a certain plan e, but our Medicaid systems can't support health access within, I dunno, a day

of something happening. I mean, there's no real time anything in these systems. So why are we here?

Johnson:

Julie, you're just twisting the knife deeper. We clearly are worrying about the wrong things when it comes to healthcare. You're right. I mean, our technological prowess would enable us to do incredible things to alert people, to guide people, to inform people and help them lead healthier, more productive, happier lives. But we don't do it. I think we choose not to do it. As I was saying a moment ago, we lose sight of the very people at the receiving end of this harsh system that's so difficult to navigate. I think fundamentally it comes down to the question of whether or not we care enough as a society to make the systems work for the people that are most vulnerable. And the verdict right now is, it doesn't seem that we do.

Burda:

It makes me think of the emails I get telling me my credit card bill will be due on a certain date and you better act now. I mean, that can't be that difficult to do for Medicaid. Great, great points. Julie, let me ask you about the Commonwealth Fund report. What did you find most alarming in that, in what would you do about it from a market innovation perspective?

Murchinson:

This report was alarming just in general. It sounds like this report could have been from five years ago, maybe 10 years ago, maybe 50. Dave, to your point. I mean, you talked about how all states had issues, even states like Massachusetts, Rhode Island, Connecticut, that are typically performed pretty well. They did have pretty high overall health system performance on these 25 measures, but they still had some pretty major disparities, which made every other state scary. I found it alarming that the percent of treatable cases could have been prevented with better access to care. High percent of really

treatable cases were the access issues are major, and I found it alarming that there were a lot of references to technology or new care delivery approaches. It was largely about insurance and the four recommendations were about ensuring affordable, comprehensive, and equitable health insurance coverage about strengthening primary care. The third was about lowering administrative burden for patients and providers. How, yeah, that'd be great. Didn't really talk a lot about the technology part of that though, and investing in social services of course. So I don't know. I just wanted to share health systems might not be performing well on all this, but there are plenty of amazing strong people and companies that are, we're fortunate to have funds run by someone like Jason Robbar who started a fund focused on health equity. We're fortunate to have health executives from the health system. By the way, at Monda Robinson was at Christiana Care and Moffitt Cancer Center for years and he gets technology. He understands the issues of health equity and he is designing the next chapter of his career on how to attack these issues and he has seen it all. We're fortunate to have companies try to solve these problems. I mean, not only City Block who everyone talks about, but we have firsthand in the behavioral health space trying to triage to the right kinds of behavioral health providers on the mind, doula groups, forge and others trying to help Medicaid behavioral health populations. We have Uvo and Nest. These companies are looking at advanced Medicaid, bio-based care models. There's actually a company called Chiba that just hired an incredible CEO who is an operating partner out of Wes Carson who'd been with the federal government for a very long… well, long enough time to be quite powerful and still have some strong energy and Chibas in the OB space in Medicaid. We have Backpack, which is run by a hard charging woman looking at the pediatric health space of Medicaid. I mean, there are some really incredible entrepreneurs out there doing great stuff. So I'm trying to look at this report through the lens of hopefully there are people coming to save the day.

Burda:

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Yeah, it's kind of like they're probably picking it up and say, okay, yeah, yeah, I got to get back to work. Right, because doing the work. That's great. Thanks Julie. Dave, any questions for Julie?

Johnson:

Thanks for mentioning Ed Mundo and the others, Julie, because there are so many great people out doing the hard work every day trying to improve the system, and one of them is a long tenured CFO; highly moral, and I respect him enormously. And we were talking this week and he said that even strong health systems like his will collapse within 10 years and that the only way out is to nationalize healthcare in the United States. Kind of a remarkable statement coming from this guy, and he said he is become cynical. He made the observation in part because whenever his health system confronts thorny issues related to access, cost and disparities, the preferred solution is always to chase incremental revenues like the 340 B program rather than to do the hard work of real transformation. He described it as a big game, and we've been talking about lost in this never ending scavenger hunt for more revenues or the tens of millions Americans that lack access to care and died prematurely because of it. Is this CFO right that only by nationalizing healthcare can we save it? I mean, I like to believe that a pluralistic insurance marketplace can provide universal healthcare access that delivers universally high outcomes. But is this a pipe dream?

Murchinson:

I really actually see a lot of amazing innovation transformation, all these buzzwords we use, which to me really just means changing the business model. It's happening out there in health systems, but it's not happening probably in enough of them. Quickly enough. I just sat with a relatively new leadership team of a large system that is pursuing a very aggressive strategy on all fronts to really shift how its business operates and the technology enablement and all the focus on workforce and experience. I mean, you're hearing a lot of the right things set out there. My concern is, let's see some of

these CFOs be more strategic with their teams and drive what the business model really should be. We have some education to do across the entire industry to align everybody the brightest financial lines, the brightest technical minds, the brightest clinical operators, and the most, I would say, I guess the boldest CEOs to really get on the same page about how to drive in the right direction. We're not quite there yet.

Burda:

I do think reducing the number of uninsured and health disparities are fixable problems, and the question like you guys have said, is whether we have the will to do it or not. So same with protecting our planet. Now let's talk about other big news that happened this past week. It wasn't all bad, was it Julie? What else happened this week that we should know about?

Murchinson:

Well, you guys may have seen this, but given the record breaking heat that you've experienced in Chicago and that the world has experienced in the last few years, the CDC launched a new online heat forecaster to help people better prepare for the summer. What I love about it is that it's a collab with NOAA and it's supposed to give Americans a week long heads up to broiling temperatures. Now, I don't know what that does for you if you're working outside in Florida or Texas, but theoretically it's a great thing. So go Mandy Cohen.

Burda:

More information is better. Thanks, Julie. Dave, what made news in your healthcare world this week?

Johnson:

Another conversation I had, I had lunch with Terry Shaw, my old friend who's now the CEO of Advent Health, and we had it in his office and he had

a triangle up there with lots of component parts. But basically I thought Terry was applying the second half of our book, which is the application of decentralized delivery of whole person health through an empowered workforce that in turn empowers consumers, makes it easier, better, so on and so forth. So you're right, there are people that haven't lost heart, even embedded within these big complex health system that are doing great work every day, and Terry Shaw is really one of them. So good for Terry.

Murchinson:

Yeah. If I can say one word on that, Terry Shaw walked into that system, and I've talked about this before, looked at the Guardian board and rationalize its size from something crazy, like 47 people down to 23, which is still a big boa rd by the way. But it takes an amazing leader to be able to do that with the goal of really streamlining. And he and his team have tried almost everything. I mean, they're really ahead of the curve, so I couldn't agree more.

Burda:

That is a great optimistic note to end on, right? Thanks Dave, 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. You can also subscribe to the roundup on Spotify, apple Podcast, YouTube, or wherever you listen to your favorite podcasts. Don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.