

Harris and Healthcare

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, July 25th. It was quite the turn of political events and potentially for healthcare. This past week, president Biden dropped out of the 2024 presidential race and vice President Kamala Harris became the Democratic Party's nominee for president. She has my vote, but what kind of healthcare system will I be voting for on November 5th? That's what we're gonna talk about on today's show with Dave Johnson, founder and CEO 4sight Health, and Julie Murchinson, partner at Transformation Capital. Hi Dave. Hi, Julie. How you two doing this morning? Dave?

David W. Johnson:

I've got political whiplash from the last couple of weeks. Let's get into it, man.

Burda:

All right. Julie, how are you?

Julie Murchinson:

I got to see Dave this week, so it was a good week.

Burda:

Excellent. Anytime you see Dave is a good time. Thanks, Julie. Now, before we talk about Harris and healthcare, I wanted to ask you where you were when you heard the news about Biden dropping out of the race. That was just last Sunday. I feel like we've lived a lifetime since then. Dave, where were you when you heard the news and did you expect it?

Johnson:

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Well, it was Sunday afternoon and I was sitting at my desk actually packing up for this business trip to Seattle where I got to see Julie, which was the highlight of my week. And I saw a newsfeed on the computer with the announcement. You know, I, I think I might even have predicted this to our team, Dave, but I not only thought it was going to happen but I predicted the timing. I thought if it was gonna happen, it would happen right after the conclusion of the Republican Party convention in Milwaukee. Because it had the potential completely change the news cycle and take the wind out of candidate Trump sails, and that's exactly what happened.

Burda:

Yeah, I could vouch that, Dave. You did predict that. So good, good call. Julie, how about you? Where were you when you heard the news and were you surprised?

Murchinson:

Well, uncharacteristically, I was on Instagram randomly, and I saw eight minutes Biden posted it, and I immediately sent it to my most politically savvy friend and my former White House staffer husband to see if it was legit <laugh>. I think I was shocked, but I wasn't shocked, and I was definitely relieved, and I could already feel a little bit of excitement. So, you know, after like four hours in front of the Sunday coverage, I was all in.

Burda:

Yeah, yeah. But you, it's funny how you have that pause. Is it real news or not? You know, yeah, that didn't happen before, but it does today I was moving stuff up and down into my son's new condo, and when I came up with another box of who knows what my son told me, and at first I didn't believe him, but it was true, and I was totally surprised, and it was a good surprise. I started carrying up two boxes at a time, kinda like the Grinch, after he discovers the true meaning of Christmas <laugh> unbounded strength. Well, will we, will we be celebrating healthcare if Harris becomes president? And there's your transition. I'm gonna ask each of you the same three questions. First, what's your take on Harris's past healthcare positions? Second, if you were on her campaign team, what would you advise her about? What healthcare positions to take? And third, if she does become president, what do you expect her to do on healthcare? Dave, you go first.

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Johnson:

Well, I guess you mentioned the Grinch Dave, and I'm wondering if your biceps grew three times in in one second the way the Grinch's heart did. So you'll have to tell us that when you, when you get get a moment <laugh>. Like most, I'm still getting up to speed on our healthcare positions. And actually what I, when I talk about her positions, that's kind, that's the answer to number three too. 'cause I think that's what she's probably gonna work on most you know, incredibly focused on maternal health. And don't we need it? Almost half the babies born in America are born into Medicaid, and we do forgive my French, we do such a shitty job of pre and postnatal care early childhood care, and I think that's gonna be front and center with her administration. And already at this point, she's been an advocate for extending postpartum Medicaid coverage for up to a year. Before her effort on that three states had one year of post postpartum Medicaid coverage. Now it's 47. Obviously a very strong voice in favor of abortion rights. She's been supportive of Obamacare been pressing diversity for the healthcare workforce, particularly among doctors and nurses. Strong voice for increased access better mental health services. What she really understands though, is that the effect that systematic discrimination against low income communities, particularly black and brown communities is a key contributor to poor health. And in many ways, we aren't gonna fix the healthcare in these communities until we begin to fix the communities themselves. Big lift. But I think she understands that and will, will nudge in that direction. So those are what she works on. Those are impressive priorities. And I believe that's what she'll emphasize as president. You know, the campaign advice, Dave <laugh>, how many times can you say the word abortion rights?

Burda:

Right, right.

Johnson:

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It doesn't take David Axelrod to advise her to just hammer away on that issue. It's not only strong for her, it's very vulnerable for Trump. But here's my concern. You know, we're all on record as saying we're gonna see more change in the healthcare industry in the next 10 years than we have in the last hundred years. It's gonna come more outside in from a very entrenched industry than it will from incumbents adapting inside out, that's inevitably going to create enormous tension with those trying to maintain the status quo. We're already seeing this play out in Massachusetts with the sale of the eight Steward hospitals, where the labor unions are just pounding on the table to guarantee their jobs. And if we push those agendas too hard, we'll have less ability to make the necessary changes to infrastructure or services, payment and so on, that we need to do to create much better community health networks to, to promote health as well as, as provide great healthcare. I, I wonder how that's gonna play out in the Harris administration. So my prediction is because of this moment of massive industry transformation and dislocation, a Harris administration, we'll spend far more time on healthcare than the Biden administration has. And I, I hope she's gearing up for that in some way or another.

Burda:

I like your comment about reducing health disparities across the board in improving health equity for all that. That's great. Thanks Dave. Julie, any questions for Dave?

Murchinson:

You know, Dave, one of Biden's most high profile leaders has been Lena Khan, which <laugh> Oh yeah. We discuss a lot double-edged sword for healthcare. Do you think Kara tracks to her, or does she exhibit a different pattern?

Johnson:

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Well, she certainly understands the issues that Lena Khan is, is trying to attack. I mean, she was the attorney general in California, which by definition means that her experience, her office, while she was the AG had to encounter, worry about address anti-competitive issues. I doubt she appreciates, because so few do, that Lena Khan's efforts to promote competition limit concentration in many ways are based on very old models of how we deliver healthcare. And those models are broadly under attack. We talk about it every week from the marketplace. And because we're using old models to determine who wins and who loses, it can and often does have a dampening effect on I think, constructive market transformation activities. And that plays out differently in, in different regions of the country. So the question is, will a Harris administration be knowledgeable enough, adept enough, and incisive enough to manage this coming industry transformation, you know, more change in the next 10 years, in the last a hundred years? I guess time will tell on that.

Burda:

Yeah, not many straight lines left in healthcare today. So that will be tricky to navigate. Thanks, Dave. Julie, it's your turn. The three questions again, are, what's your take on Harris's past healthcare positions? If you were on her campaign team, what would you advise her about? What healthcare positions to take? And if she becomes president, what do you expect her to do on healthcare?

Murchinson:

Well, let's start with who Harris is and what informs her views. No, her mother was a biomedical scientist studying breast cancer, and Harris grew up going to work with her. So she believes in science, which is refreshing, <laugh>

Burda:

Oh yeah, beautiful <Laugh>

Murchinson:

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Throughout the abortion and ACA battles, she definitely kept the needs and experiences of patients and providers front and center. So I love that about her. You know, in California, she's actually considered a conservative, you know, along the democratic continuum. So I like that. I think most people, a lot of Republicans perhaps paint her as a crazy liberal, but that is actually not entirely true. She is, you know, from the industry stronghold of California. So she recognizes the value of private markets and the role of corporate players and science and truth <laugh>. And she studied AI in healthcare. So she's spoken in public forums about the potential applications in science and in delivery and, you know, its potential downfall. So she's not afraid to take things like AI on. So I think there's a lot there that informs kind of how she shows up in her policies. And Burda, you asked about past positions. She will absolutely be skewered in the media for one time supporting Sanders Medicare for all bill. But I'll go out on a limb and say, she really does care about the little guy, and she wants to make sure that people can afford the care that they need. And she thought better of it at one point and pulled back to a more pragmatic approach that incorporated this public-private ethos that she has. But she's still gonna get skewered from being a tax hungry liberal seeking full government control, which I think she is not. Dave, I'm not gonna repeat everything you said about reproductive rights and maternal health. She's obviously very focused there. I like that she talks about the consequences of these things, not only higher rates of mortality and, you know, access issues, but she talks about the future and how medical students decide or decide to leave the field because of shifting abortion rights and what that's gonna do to the medical system. So her focus on the consequences and the future, I think is positive. And that needs to come out more. I would really advise her to keep that message in the center. If we talk too much about abortion rights and we don't talk about women's rights, we're gonna get in trouble. So, you know, I, I hope she chooses her words wisely. By the way, did you guys see that she was the first vice president ever in our history to visit an abortion clinic? Can you believe that?

Burda:

No kidding. I did not know that.

Murchinson:

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I mean, let's just get real about this woman. She's, she knows where it's at. <Laugh> <laugh>. So you know one place I asked you about Dave, because while I agree with you about her focus on health equity and diversity and, you know, kind of everything else I worry a little bit about antitrust because she's gone up against Sutter Quest, McKesson, and many others in some pretty big battles. But yet at the same time, she is very practical about the role of commercial players. So that's a place I'm, I'm not really sure. So what will she do? That's your, what are your questions, Burda? So, you know, Andy Slat, I think said it best. He said, I don't think she'll be a disruptor. I don't think she's gonna be pushing for some big radical change, which I think he's right. That's probably true. The reality is she's not gonna time, or frankly, the political incentives to develop some big, you know, healthcare agenda like Hillary did, you know, years ago. So I think she's gonna be this one, put the standard bearer at a time when the transformations that are happening in our industry are significant. And that may give her time to put together a much bigger healthcare agenda. 'cause I think she does have it in her, I agree with Dave on that. And last but not least, I wanna bring a little personal angle. I reached out to a number of my friends who are female voters, because let's face it, it matters. And I surveyed, you know, people who are not from healthcare at all. And I don't wax on about what I think with these people, and they share a similar profile to me. So I just ask them, what would you want her to do in healthcare? Here's what they said, drug accessibility. One friend's mother can't get her Ozempic and my friend's, thyroid medicine is stuck on a boat somewhere. They just can't get their drugs. Care accessibility, affordability and quality. Oh, seems simple. Abortion, obviously top of mind. One said the word transparency, which I love and made the example of, you know, I know what I'm paying for a loaf of bread when I walk in a store, but I have no idea what I'm paying when I walk into a doctor's office. God, if consumers could just say that a little bit more. Mental health and neurological support. You know, people suffering from their own mental health challenges and the sandwich generation of caring for others with mental health issues, which bled into caregiver support. And the fact that a lot of us, females our age are unpaid caregivers propping up the healthcare system. And last but not least, secure technology. I found this word secure, fascinating. And her goal was to make care and medical records easier to monitor and archive and transfer to new providers. And I mean, if that's not my life's work, I don't know what it's, but all I'm gonna say is we, I and these women who I surveyed are all in on Harris, and we are ready to go.

Johnson:

<Laugh>.

Burda:

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Great. And I love the fact that you did original field research and brought it to the roundup. That's very, you're welcome. Very cool. Thanks Julie. Dave, any questions for Julie?

Johnson:

Since you know Harris so well Julie, I'm wondering if you think she appreciates the potential speed and magnitude of the coming healthcare revolution enough to develop contingency policies to address the expansive dislocation that I touched upon in my first answer; to address the expansive dislocation that the disruptive innovations within the healthcare ecosystem are bringing to incumbent business practices. Does she, does she appreciate that? And if she does what interventions could that potentially mean should she become president?

Murchinson:

You know, her comfort with talking about AI publicly and her understanding of the role of massive commercial players in the market says to me that she will understand and be able to track what's happening here at a pace level. Is she a healthcare person? No. Has she grown up in an administration that has access to some of the best healthcare minds from both a policy and a public health perspective? Absolutely. So she's so well connected and, you know, has surrounded herself with a lot of people who have done incredible things in our industry. Again, I come back to that combination means that she could get some pretty interesting things done. But Dave, I would also say to you, I don't think anybody is ready to really put together our potential with our reality, and that that is the chasm to cross.

Johnson:

So, Julie, are you ready to become CMS administrator? Make sure it all goes right.

Murchinson:

<Laugh>, sign me up too. <Laugh>

Burda:

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<Laugh>. And you could remind everybody it used to be called Hicfa, right? That's like you did on last week's show. That that's, that's great, Julie. Thank you. All I'll say is that I bet Harris already knows how complicated healthcare is, right? And I'll leave it at that. Mm-Hmm. <affirmative>.

Johnson:

No suggestions that maybe we should all take some bleach to address the coronavirus and the pandemic and Covid.

Burda:

Yeah. Hard to believe, isn't it? Now let's talk about other big healthcare news that was overshadowed this past week. Julie, what else happened that we should know about?

Murchinson:

Well, I saw an announcement that Center Well, which is Humana's healthcare Services Division, is gonna take all that latent capacity in Walmart clinics in multiple states and open 23 senior primary care centers. So look at that. Yeah. Not going to waste.

Burda:

Yeah. Yeah. Market response. That's, that's great. Dave, what other news is worth mentioning?

Johnson:

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Well, as we've talked about a couple times I've been in Seattle this week with one of our foresight health writers, Keith Hollahan, and we were here to kick off a new book project on scientific wellness new area for us. And our co-authors, or, or the principals that are gonna, we're helping write the book Matt Kline and George Shada work for a company called Optisan. Matt is the head of Longevity Institute at the University of Washington, and George is the former director of the Swedish executive Health Institute where all the Microsoft executives have gone through. And they've created a remarkable model for promoting health, extending life giving, using data in a very proactive way to to help us all make better real time decisions on, on our health. And we were joking before the recording just how they put Keith and I through their gateway process on Monday. And I've never been probed so deeply <laugh> but I think the book is gonna talk about a Manhattan project for individual and national wellbeing. There's a lot going on here in Seattle that makes this a real, a real jumping off place for the rest of the country for how to do this the right way.

Burda:

Dave, you're, you're gonna be like the \$6 million man. <Laugh>. They're gonna make you better than before. <Laugh>.

Johnson:

I'm evidently perfect and improving. So there you go.

Burda:

Wow. Good job, <laugh>. Thank you. And 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 also can subscribe to the roundup on Spotify, Apple Podcasts, 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.