4sight Health Roundup Podcast
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Preventing Excess Deaths in the U.S.

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, May 29th. Today is the last day of school in district 200 outside of Chicago where I live. Tomorrow, our neighborhood will be teaming with kids K through 12 looking for something to do unless they have a summer job, and backing out of your driveway and pulling into the street will become a public safety hazard for the next three months. We don't want any excess deaths. There's your transition to the topic of this week's show, excess deaths, I'd call them unnecessary. We're gonna talk about that dark topic with Dave Johnson, founder and CEO 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, June is about to start busting out all over best time of the year to be in Chicago, so why not enjoy it?

Burda:

Yeah. Yeah. It is beautiful. Thanks, Dave. Julie, how are you?

Julie Murchinson:

I'm great. As of Sunday, I now officially have a high school graduate. It's hard to believe, but I'm so proud of him.

Burda:

Good for you. That's great. Ok, let's talk about life and how the end of the school year affects your neighborhood. Dave, the last day of school for the Chicago Public School system is June 12th. How does your life change on June 13th? <Laugh>?

Johnson:

Well, we've lived in the Lakeview neighborhood of Chicago for over 30 years, and it's overwhelmingly populated by young adults. And so Memorial Day weekend, which we just came through means two things. One, the WOOGMS parade, where everybody marches and nobody watches, which happened last Monday. And then secondly, and it's more of the college students that and young adults than, than the high school graduates. But we see just untold numbers of moving vans clogging up our streets as we try and navigate the neighborhood. So, <laugh> just gotta be patient. Just gotta be patient.

Burda:

Yeah. A lot of stuff left at the curb too, I'm sure. Oh, God. Yeah. Yeah. Yeah. Julie, how about you? How does the end of school affect your daily routine where you live?

Murchinson:

Well, I live on an island outside Seattle, and our traffic becomes insane because anyone over the age of 16 is either outta high school or back from college and driving. <Laugh>

Burda:

<Laugh>. Yeah. I've got a similar issue of, you know, like I said, pulling outta my driveway in the summer can be dangerous to others. We have a lot of kids in the neighborhoods with these tiny motorized vehicles, scooters, skateboards, mini cars, longboards, minibikes, e-bikes, all kinds of things. And they ride low to the ground, go fast, and you can't see them. And no one wears a helmet. It's a recipe for disaster, but that's the American way, right? Well, the American way is contributing to thousands of excess or extra deaths in the us According to a new study published in JAMA Forum last week, researchers from Boston University, the University of Minnesota, university of New York, and the Cambridge Health Alliance analyzed all cause mortality data from 22 high income countries, including the us. They calculated, observed to expected deaths for 21 of those countries and compared that ratio actual to expected with the US to find out whether we tracked with those other countries or not. And we did not in a big way of the 107.6 million deaths in the US from 1980 through 2023, about 14.7 million were extra or excess. In other words, nearly 14% of the deaths in the US during that 43 year period were statistically higher than expected based on data from 21 other high income countries. All other variables being equal, including the pandemic the researchers suggested. The three biggest problems that make us unique among our peers are drug overdoses, firearm injuries, and heart disease. Julie, you mentioned heart disease a few weeks ago on the show, so that's the bad news, Dave, give us some good news. What's your reaction to the study? How do the results fit into the whole health versus healthcare thing, <laugh>, and, and what policy intervention would you make to help us reduce excess deaths in the US?

Johnson:

Well, in 1997, the satirical newspaper, The Onion, the one in Madison, Wisconsin, I'm sure you've, you've heard of it before. They're famous for their headlines, and they had one, again in 1997: “Just in: world mortality rate holding steady at 100%.” Yeah. I think of this Onion headline whenever I read a research report like the one from JAMA that we're talking about today. You know, researchers keep coming up with clever analysis to tell us what we already know about US healthcare and the state of US health, the population health of the United States. And here it is, the US was already sick before COVID hit our shores. And it continues to be more sick than other nations. That sickness manifests itself as unexpected deaths. The culprits causing these unexpected excessive deaths are uniquely American. And they are, as you mentioned, they have drugs, guns, and rampaging chronic disease. But even worse than the numbers themselves is the untold loss of human potential caused by these excess deaths. That was brought home to me just yesterday. I attended a luncheon program downtown to celebrate the launch of a new mental health parody index. The sponsors are the Kennedy Forum, the American Medical Association, and Third Horizon which is a very cool consulting and tech company founded by my very good friend, David Smith. And Illinois is the first state to launch

the index, which shows by county you know, drum roll please significant access and payment disparities in the provision of treatments for mental health and substance abuse disorders. What's cool about the index is that it translates these massive transparency data sets, which up to this point have been largely unusable from insurers and providers into actionable insights. So you can actually see which counties do a better job and than others and so on. But the overall conclusions are already known in dismal. So, and that's what's not cool about the the index. We already know the outcomes. Generally before we, before we do the research what stuck out, the reason I mentioned the form is, is Greg Williams, who's the president of Third Horizon got up and did something just short of remarkable yesterday. He's 40 years old when he was 17 he was a drug addict. Several emergency room visits almost died. And then he recovered. And what he did was, rather than go blow by blow through his recovery process 'cause he's a quant and an economist, he talked about the contribution, the positive contribution he's made to society in economic terms, how much he'd, how much he'd over contributed to the Medicare Trust fund how much economic activity his income had had spurred. But it just brought home the point that if we can cure these disorders, whatever disorder we're talking about, mental health, chronic disease, so on, if we can cure these diseases before they exert their deadly impact, we just unleash enormous potential. So as I look at this JAMA report and what Third Horizon and the Kennedy Forum and a MA produced yesterday, I don't want our audience to get me wrong, you know, we absolutely need these re research reports, you know, keep them coming, keep the pressure on the industry to, to change. But what I'm reminded of is a passage from Lincoln's Gettysburg address. You know, Gettysburg was a memorial site where a great battle had occurred. So it's basically a cemetery, and they come to dedicate the cemetery. And and this is what Lincoln said; “We have come to dedicate a portion of that field [the Gettysburg Battleground] as a final resting place for those who gave their lives that the nation might live. It is all together fitting in proper that we should do this. But in a larger sense, we cannot dedicate, we cannot consecrate, we cannot hallow this ground. The brave men living and dead who struggled here have consecrated it far above our poor power to add or detract.” So summing up, it's all together fitting that we chronicle the excess deaths, but it pales in comparison to the monumental levels of human tragedy and lost potential caused by our collective inability to address the root causes of these excess deaths. Lincoln captured that dichotomy, and we have to, we have to live it. So let's go out there and work the problem. We know what to do. Let's, let's get it done.

Burda:

Yeah. It's a wonderful life, right? Thanks, Dave. Julie, any questions for Dave?

Murchinson:

Well, Dave, what do you think of, you know, I don't know, practical ideas like certifying lifestyle programs to address, you know how we help those with addiction, or how we help those with, you know, pulling outta their problems and becoming productive. So think of programs like the Diabetes Prevention Program, or even Dean Ornish's Ornish Lifestyle Medicine.

Johnson:

Yeah.

Murchinson:

Ornish has been particularly successful in passing things at the federal level for his lifestyle programs. Do you think that would make a difference?

Johnson:

You know, thanks for the softball question. Julie <laugh>, I appreciate. So, my own version of the Onion headline relating to this question would be breaking news. An apple a day keeps the doctor away, right? <Laugh>, all these things are great, right? Because they're focused on treating the root cause of issues. Diabetes prevention… Ornish, what he does with post cardiac events and get people on diet and exercise regimens that that make them almost bulletproof for future cardiac events. Like both of you. I am appalled by so much of what the Trump administration is doing, but the one thing that heartens me is CMS's new focus on health and preventative care to carry my apple a day metaphor, one step too far, you know, improving health, the day-to-day activities of improving health is low hanging fruit, and we should be doing all these things and more, Julie they collectively have enormous positive societal return. So I'll end it this one the same way I did. Come on. Let's, let's, let's do it. Let's get let's get the work done.

Burda:

Yeah. Yeah. That's a, a simple recipe that's hard to make, I guess. Thanks Dave. Julie, you're up. What's your reaction to this study? And you're a make America health again convert so you say, and how does that impact the MAHA agenda and what market solution would you recommend to reduce excess deaths in the US?

Murchinson:

Well, the findings certainly impact the MAHA agenda, but I'm not sure that the MAHA agenda will directly address the findings. <Laugh> mm-hmm <affirmative>. RFK Junior's initial plan focused on things like processed food and, you know, toxins in the environment and our lifestyle and all of our screen time and of course, vaccines and this JAMA report, you know, underscores like systemic public health issues. And you know, the MAHA agendas likely a little bit light on the Boulder Forum that are needed, as Dave may have mentioned. No, I found interesting. The JAMA report highlighted that younger adults ages 25 to 44 had mortality rates of 2.6 times higher than other high income countries. And this is the age group that's actually typically, you know, pretty economically productive and engaged in their life and important to our society. But I'm not sure that the MAHA Plan focuses on that population specifically, but they are going upstream, which would I, I guess, you know, impact that demographic in the future? And the JAM report notes drivers like drug overdose, firearm injuries, cardiometabolic, and these are not necessarily core targets of MAHA either. Certainly not the firearms. I agree with Dave. CMS is talking about, you know tech modernization and health incentives that will actually start to get at some of these issues. If they direct that in the right way, they're talking a lot about PACE, which is conceptually closer to the nuts and bolts of what's needed, but not necessarily the population

that, you know, the report talks about. So it's unclear how far CMS'S reach, we'll go really to address these issues. But I, I like the direction they're going in. And the problem, of course, is that the administration is gutting some of the much needed infrastructure, like community centers and other social services. So there's just, there's not a lot of consistency in terms of MAHA and, you know, its support of this kind of report. So there's a mismatch regarding your question about market solutions. You know, other countries like the uk, parts of Canada, Singapore, they've all developed various types of like integrated hub models. So think about models that provide preventative care with social service and mental health with addiction recovery, also managing chronic disease, all of which in those countries are funded by the government, which is inherently a, a value-based care like model. So in the US we could pursue something like that. We'd have to do it in a risk-based model with a, you know, data infrastructure, this integrated with public health. Take more of that surveillance approach and tie in, you know, mobile healthcare maybe add food as medicine for the first time, <laugh> and a bunch of digital health tools, and be great if, if, you know, there were monetary incentives for people like us or our employers maybe to participate. And while what I just talked about might not have address gun violence, you can imagine like partnerships hanging off the side of these things that, you know, would be focused on things like violence prevention. I mean, imagine if you know, Aetna CVS has these health clinics, health hubs what if they were more comprehensive, almost Dave, like Opry or now Mosaic is right. But even more comprehensive, like these health hubs I was describing, and they partnered with the states or the feds to incentivize their members and, you know others that are part of the partnership to utilize those services. Like, it kind of sounds far fetched, but we're actually not that far from being able to do something like that. Really. Hmm. So if you think about just a few steps here and there, we could get there. It's like the connectedness thinking here. You know, I think it's needed to address these systemic issues and certainly, you know, it's, it's about more than just food dye.

Burda:

Yeah. Yeah. It's… you could spend a little bit more and get a big return. That, that's great, Julie, thank you. Dave, any questions for Julie?

Johnson:

Well Julie I, I thought that was great and to the extent you want go a little deeper on what digital tech has the most potential to prompt healthier behaviors in real time to bring down these deaths above average, these excess deaths. But bigger picture, I'm, I'm just curious what your perspective is on the ability of tech and sort of the uniquely American innovation model to really provide tools for everyday people to improve their lives so that, you know, it's someday in the not too distant future are, are excess deaths are no more exceptional than what you see in other countries.

Murchinson:

<Laugh>. Okay. So I would go to kind of a, on the tech side, Dave, like more of a Star Trek thinking way of thinking that, you know…

Johnson:

Tricorder?

Murchinson:

<laugh>. Yeah, exactly. You know, most of the, I'm just gonna make a general statement here that many could hate me for, but most of the MAHA voters would never do what I'm about to talk about, I think. But imagine if we had our wearable devices that, you know, were able to measure things that they can measure today, as well as maybe, you know, deeper issues as technology gets better different spikes in blood or other things. So let's combine wearable devices that are more sophisticated with behavioral nudges and some sort of AI driven health coach or AI doctor, and then actually integrate that kind of thing with you know, a coordinated way of triaging to physical care when it's needed. We were kind of doing this today with CGMs tied into coaching apps and AMADA and, you know, Livongo and others kind of like not fully with an AI doc and not really the triage parts, but you could get closer to that. But the problem, Dave, as you allude to is that, you know, the question is, is a tech enough? And of course not quite. So imagine if you integrated what I just talked about with a dynamic health insurance premium calculator or some sort of like monetary incentive tracker that would provide you immediate feedback on how your decision in the moment affected your wallet or your risk of disease or your life expectancy. Like AI could probably do that today, right? But it would probably be pretty questionable in terms of its precision. But someday AI's gonna be able to do that. And I mean, it'd be interesting to think that that's where we're headed. I don't know that we Americans will ever want that, but you know, it's gonna be possible.

Burda:

You know, I'm gonna pull a Dave Johnson here, and there's a song lyric that popped into my head from Warren Zevon; send lawyers, guns and money, the shit has hit the fan, right? <Laugh>, there you go. Alright, let's talk about what else happened in healthcare this week. Julie, what else happened this week that's worth noting?

Murchinson:

Honestly, there were a couple things, but I'm gonna pick the new COVID recommendation from RFK Jr that children under two and pregnant mothers and other kind of risk populations COVID vaccines are no longer recommended. So I looked at, okay, so what is, what do other countries do? UK does not routinely recommend the COVID-19 vaccine for children under two. So maybe RFK was consistent with that, but they do strongly recommend the vaccine for pregnant women. So I don't know what science we're using, and we're not doing a good job of comparing to, you know, benchmarks in other countries.

Burda:

Yeah, it'll be interesting to see what OBGYNs do right. With their patients. Yes. So that, that's where the rubber hits the road. Dave, what other healthcare news should people know about?

Johnson:

Well, I was gonna double down on Julie's vaccine news with HHS canceling, its $600 million contract with Moderna to develop tests and license flu vaccines. But I wanna end on a positive note. So we started off talking about graduations. I got a note yesterday from my friend Dan Katow, whose son was supposed to graduate from Carlton College in 2015. Sam was a great student, great athlete. All he had to do to finish graduating was complete his thesis, but it's turned out his thesis advisor was a sexual predator. And combined with some other things Sam had going on, he just spun into psychosis and has spent the last 10 years in personal turmoil and therapy you know, coming to terms with all this. And anyway, Dan arranged this year for Sam to take two philosophy courses at Northwestern, which finished this week. And the teacher noted philosophy professor at, at Northwestern, and the students all gave Sam notes inside a card congratulating him on graduation, and he was just blown away. So kindness, people pass it on.

Burda:

Wow. Wow. That's, that's a great story, Dave. Thank you. Yeah. And thank you, 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 also can 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.