4sight Health Roundup Podcast
Responding to the OBBB's Impact on Healthcare
7/24/25

David Burda:
Welcome to the 4sight Health Roundup podcast, 4sight Health's podcast series for healthcare revolutionaries, outcomes matter customers, count [00:01:00] and value rules. Hello again, everyone. This is Dave Burda, news editor, 4sight Health. It is Thursday, July 17th. We're not gonna talk about the Epstein files on today's show, but we are gonna talk about patient portals with Dave Johnson, founder and CEO of 4sight Health, and Julie Murchinson, partner at Transformation Capital. Hi Dave. Hi, Julie. How you two doing this morning, Dave?

David W. Johnson:
Well, I feel like we're between lives right now. We're moving from Chicago to West Michigan. Terry and I celebrated our 40th wedding anniversary last year. That means we're sifting through 40 plus years of stuff, and it's not easy. My friend David Berick says that three moves equals one fire. I think he's right. <Laugh>. So, how am I doing <laugh>? I can't shake the feeling that I'm in perpetual motion.

Burda:
Oh, man, that's a lot of miles. Thanks, Dave. Julie, how are you?

Julie Murchinson:
Wow. I feel like it's been a busy summer, but I'm feeling pretty fortunate that I'm, I'm not sifting through 40 years of stuff. <Laugh> <laugh>. But it should be back to Dave. Just wait,

Burda:
<Laugh>. I know, I know. Well, okay. Before we talk about patient portals, I wanted to talk about your patient portal and what you think of them. Dave, tell me one thing you like about your portal and one thing you don't like.

Johnson:
Well, what I really like most are the ease and convenience and 24 7 accessibility. I mean, that's, that's just a profound improvement over the way medical information used to used to get transmitted. What I liked the least is the lack of interoperability because of Epic. My 1 Medical data doesn't incorporate with my Mayo and Northwestern apps, and that just feels stupid to me.

Burda:
Yeah. Yeah. And that's a easy fix if somebody wanted to do that. Julie, how about you? What's the best and worst of your portal?

Murchinson:
Well, you know, since we've talked about this question a couple times in the past, I started to think about what's changed, and nothing's really changed about my portal use except for the fact that they're just more of them. So I try to count, I have three hospital Epic accounts, a one medical account, a MIDI account, and they use Athena that I still haven't been able to get onto. And then my physical therapist has a platform. I have a few digital pharmacies, the health app on my phone, and my watch. A few payment platforms are probably more than I care to think of for

some seemingly random ancillary services that were billed separately, of course. And then there's my dentist who forces me to write a check.

Burda:
Wow. That is a long list.

Murchinson:
I'm sure there's more, honestly.

Burda:
Well, my favorite thing about my portal is that I could access my test results and read them before my doctor. So no more waiting for the call or the secure message. My least favorite is that the very first screen you see after you log in tells me how much I owe them and whether I'd like to pay my balance now or later. And that also tells me what they care about most, and that's my money. How do they not get that that sends the wrong message right away, you know, why don't you just say, how are you feeling? Right. <laugh>, you know, not you owe me money, you know?Okay, let's talk about what kind of message this new HHS report on patient portals is sending. The report is from the Office of the Assistant Secretary for Technology Policy slash Office of the National Coordinator for Health. It. That's a mouthful. We used to just call it ONC, so much for government efficiency under the new administration. The report is based on data from something called the Health Information National Trend Survey, or hints conducted by the National Cancer Institute. More than 7,000 people took the survey, and here's some of what it found. 77% of patients were offered an online portal last year from their provider or health plan. That's up from 59% in 2020. 65% of patients offered a portal last year, accessed it at least once in 2024. That's up from 38% in 2020 of patients encouraged to use their portal by their provider or health plan. Last year, 92% did. So to look up test results, 87% looked up their medical records, and 82% viewed clinical notes from physicians. And 57% of patients used a mobile app to access their portal last year. That's up from 38% in 2020. Here are two things that I found most interesting. 59% of patients said they had multiple portals last year. You know, different ones from different providers and health plans. Of those with multiple portals, only 7% used a portal organizing app to combine all their data from all their portals into one place. So Julie, there's a solution for you. The fact that people need a separate app to organize all their patient portals tells you something. I'm not sure what, but that's why we have Dave Johnson and Julie Murchinson on the show. Dave, tell me the good and bad from this report, and tell me what we need to do from a policy perspective to have the good outweigh the bad.

Johnson:
I’m glad to see this report. And I've got four points. And the first is, let's celebrate the increasing use and ease and access of digital health portals. It's been a long time coming, but the nation writ large has crossed the digital health threshold. That's a big deal. Still a lot of work to do, but the trend and momentum are strong. So it's time for a happy dance. More than half of Americans are using portals now. Second, the fact that most consumers like me, like Julie, like you, Dave have more than one portal, and that they don't talk to one another like mine don’t; like yours don’t; is inexcusable. Epic's walled garden approach to data sharing is the primary culprit. Epic claims that people will die if they make their patient data interoperable. People are already dying

because they don’t. Their approach magnifies rather than diminishes health disparities. So no happy dance for that. Third, while the apps are improving, there's still way, way too much performance and consistency. Phantom appointments occur too frequently. Data presented isn't always intelligible and can be downright scary. Getting the app is the starting point of a healthcare journey, nowhere near its culmination. So do the behind the scenes workflow work so that when you schedule an appointment, it works. When you read a test result, it's easy to understand. Come on people, let's get it done. And the final point in our book, the Coming Healthcare Revolution, Paul Kuscero and I have a chapter titled The Aggregator's Advantage. Our belief is that winning healthcare companies will develop quote one app that covers the map and in it, consumers will be able to engage with one trusted source for all their health and healthcare needs. This development, which, you know, this report is evidence of portends an increasingly digital and virtual customer experience. You know, however, this message isn't sinking in. Last week, Northwestern announced plans to build a new billion dollar plus patient tower on their main campus in Streeterville some of the most expensive real estate in Chicago. And they aren't alone. Many health systems are undertaking major capital investment programs like Jethro Tull saying they're living in the past. Asset heavy healthcare is so 2015. So portal me to the future, Dave <laugh>,

Burda:
And that in case you're wondering, audience is the first Jethro Tull reference. I think <laugh> very, very good, Dave. Thank you. Julie, any questions for Dave?

Murchinson:
Dave, that was excellent. And yes. Hallelujah. I'm, I'm getting there. So I was intrigued by the fact that, you know, 7% of people are kind of in your boat and use these aggregator apps that, you know, basically pull all your information together. Though 59% of us have multiple portals, so there's clearer room to kind of figure this piece out, right?

Murchinson:
Because, just because we're using it doesn't mean we're really using it well. So we used meaningful use, whether good or bad, to drive EHR adoption. You know, part of what, what happened is the challenge we have today, should we use some sort of meaningful use program to, you know, drive the patient portal use in the right direction?

Johnson:
Yeah. It's age old question, right? Top down or bottom up. Does the government mandate it or does the marketplace create it and then consumers demand it? I tend, as you know, to believe more in the bottom up approach that companies come up with brilliant new ways to provide products and services and the customers flock to them. And that market momentum changes the whole supply demand dynamics of industries. Healthcare for all the reasons we talk about all the time, resist some of these, or not only resist, but actually forestall some of the natural evolution of the marketplace, particularly relating to tech. And now we do have interoperability mandates that the industry seems largely to ignore and has gotten away with. So I would like there to be a government requirement that says all data has to interoperable meaningful use, has standards,

and then let the marketplace adhere to those standards and come up with the great new ways to delight and service.

Burda:
You know, I'm thinking of what type of app do I have most on my phone? And it's a parking app, <laugh>, right? And anytime I drive anywhere that has metered parking, I have there, I have to have at least eight of those, you know, and then you have to pre preload 'em with money, right? So I've got a lot of money tied up in parking apps. Anyways, just a side note there. So let's see the government fix that one. All right, Julie, it's your turn. What are your takeaways from the report? Did anything surprise you? And what can the market do? You know, we're just talking about the market to fix some of the problems identified in the report.

Murchinson:
Well, like Dave, I was thrilled to see some of these numbers. And also obviously I feel the pain of some of these issues that were highlighted in the report. And I have to say, you know, since so much is going on with MyChart, we have to look at the fact that, you know, MyChart use is out of necessity, and I'm not so sure that anyone actually enjoys using it. And here's a little bit of a anecdote for that. I recently talked with the health system who's been training large language models to do intent recognition. And they came up with nine categories. And their whole goal is, you know, to automate these tasks of ai. So, turns out the most popular consumer issue they tried to solve was helping consumers navigate MyChart, <laugh>, I mean, drop the mic. Of nine categories in a major health system that rose the top as one of the biggest issues. So that just closes the show that, I mean, we know MyChart's like made for collecting and facilitating processes. It's not meant for providers workflow or certainly not design around the consumer. So the first thing we need to do is, you know, make sure that we're, everyone is focusing on, you know, world class ux. We need better user design. And, you know, we've one of our investments is in a company called Vital that facilitates patient engagement in the emergency department, and their engagement rates are through the roof, because the user experience is incredible. And what you can see, and what you can do with the information is really built around how you'd wanna act in that moment and what you need to know. And by the way, it cuts down on a lot of questions about where's the Starbucks <laugh> <laugh> for people, for caregivers. So I think we could to do a lot around ux. You know, by the way, I think the number one thing healthcare should do is hiring talent from outside healthcare. I mean, if you look at what we know versus what the real tech world knows, it's, it's quite different. And if you look at just like what Amazon's doing, they highly personalize what we need. And they've looked at, I don't wanna say the diversity of needs across populations, the way we think about segmenting them in healthcare, they've looked at the diversity of needs across populations as it relates to what each person needs. I mean, if Amazon can do it, we can do it. And Providence has actually just spun a business out focused on doing this very thing for healthcare. So, I don't know, there's hope. Number two, I would say we need to do more about providing caregiver access as a mom. You know, some, some portals and some other non-healthcare apps make it very easy for me to help my kids manage versus not. And you know, it's one thing if you're a mom, it's actually easier to sign up your minor who's younger than 18, 16, whatever. But think about like all the moms who are now daughters, and of course there are some sons out there too who are taking care of parents. Like, it's not easy to get access to your parents portal that your, by the way, your parents

don't really use right. As much. So listen, if Airbnb can do it, I can be a host and I can be a guest. Like, if they can do it, we can do it.

Burda:
Yeah. There were some stat in the report wasn't there about but keep going. Julie, I'm gonna look that up. See if I could find it about caregiver access.

Murchinson:
Yeah, it's, yes, there was, and I mean, it's there, but we, we could do a lot more there. And then the last thing I think that was so stand out, this report is influence, like, we should be doing a lot more about this. And, you know, let's make sure that there's something in it for the provider to talk to the patient about the portal. Like, can we reduce their admin burden? Yes. If it's done right, can we improve patient engagement in their health and then impact outcomes? Yes. That can happen. So if we get smart about, you know, when and how we encourage providers to, you know, talk about the the PHR as we used to call it, you know, build in prompts into their workflows to recommend specific activities in the, in the patient portal at a specific time, like giving your patient a little bit of homework. So there's a lot we could do, and I don't know, I could go on, but there's a few ideas here.

Burda:
No, that's great. I just looked that up. It's 51% give proxy or caregiver access. So we're halfway there.

Murchinson:
49% to go.

Burda:
Dave, any questions for Julie?

Johnson:
Julie, I loved your discussion of user experience. One app that covers the map and particularly the Amazon reference Terry last week discovered prime Day. Oh my God, it's downright scary. But anyway, here's, here's my question for you. So, portal me this. Epic has a study out finding that potential or that portal users have fewer no-show appointments among all age groups. That's of course, very good news. The most tech savvy users, 18 to 34 year olds, however, had by far the highest no-show rates at around 10%. And they also had the smallest gap between those who use the portal and those who don't. What do you make of that?

Murchinson:
<Laugh>? Well, I'll be interested to see what you think of my answer, Dave, but two things come to mind. One is that the MyChart is just not a native way to interact for the 18 to 34 year olds. Like, they're not as apt to be on the web in clunky applications like that. They're in text, they're in Snap, they're in other things. Second, I don't know that this age group wants to get up and go to the doctor, like they're used to doing things online, and they'd prefer it if they could, at least I think they would. So what do you think?

Johnson:
Well, I think that's absolutely true. And I think they also like sticking it to the man. And today, <laugh> healthcare is the man. My guess is they know they're not showing up, and at some level they just don't care as much. So yeah, so I think you're right. The give me a bad user experience and overcharge me and make my life miserable. I don't care if I…

Murchinson:
I skip your appointment.

Johnson:
Yeah, I skip your appointment.

Murchinson:
Yeah. <laugh>.

Burda:
Great interpretation. Clearly we have a long way to go, but we've come a long way too. I mean, the fact that we can access our personal health information from multiple devices, 24 7, as you mentioned Dave, certainly has shifted some of the power away from providers and insurers and to patients and yep, that's a good thing. And we have to keep moving in that direction. Alright, let's talk about what else happened this week in healthcare that's worth noting. Julie, what what blip on your radar?

Murchinson:
Well, admittedly, this is a few weeks ago when we were on sabbatical but Ascension just named Eduardo Conrado to be their next CEO. And this is notable because he's not a healthcare guy. Hmm. He comes from big Fortune 500 outside of healthcare, fortune 100, outside of healthcare, and he's come to Ascension. He's looked at that system as a business and asked it, okay, you know, where are we doing well? Where are we underperforming? How do we right size the system? How do we right size service lines, how do we scale what's working? And, you know, he's, the business is performing. So I appreciate the fact that they've given him that role, or he's earned that role for what he is done.\

Burda:
All right, Dave, what other healthcare news should people know about?

Johnson:
Well, that's a really good one, Julie. I interviewed Eduardo a couple years ago, and that guy is a breath of fresh air.

Murchinson:
Yeah, he is.

Johnson:

So let's, let's hope he accelerates transformation at Ascension. That'll be a good, good case study for the rest of the industry. Y ou know, I've tried to, you know, see the the better angels of RFK Junior at HHS and his commitment to making America healthy again. But this week he ousted his chief of staff Heather Flick Melenson and Deputy Chief of Staff Hannah Anderson, both very accomplished, highly respected government and industry veterans considered rational actors. It's just a another really bad sign that RFK is letting his personal agenda override balanced policy development and execution. Increasingly it looks like Carolyn Kennedy was right about her cousin.

Burda:
Watch what he does. Don't listen to what he says. Right. So thanks Dave, 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@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.