4sight Health Roundup Podcast
Are We Ready for HHS's Version of a Health Tech Ecosystem?
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[4sight Health intro music by C Ezra Lange]

David Burda:
Welcome to the 4sight Health Roundup podcast, 4sight Health podcast series for healthcare revolutionaries, outcomes matter customers, count and value rules. Hello everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, August 14th. We're still not talking about the Epstein files on today's show, but we are talking about sharing files, more specifically, the electronic files containing your protected health information thanks to the Health Tech Ecosystem Initiative announced by HHS on July 30th. To tell us why we should care about this new initiative are Dave Johnson, founder and CEO 4sight Health, and Julie Murchinson, partner at Transformation Capital. Hi Dave. Hi, Julie. How are you doing this morning, Dave?

David W. Johnson:
Well, with apologies to the hollies when it gets to this time of year, all I need is the air that I breathe and corn on the cob, <laugh>, of course, the tomatoes, blueberries, other fruits and vegetables. Just add to my culinary delight. Let's all go to the farmer's markets.

Burda:
It is a good time of year, Julie, how are you?

Julie Murchinson:
Yeah, we are we are taking in all we can of summer before school starts, that's for sure. So, doing well, thanks.

Burda:
Yeah. I think our school district starts oddly tomorrow, right? Wow. And the kids get a, a weekend break, like one day it was must be shocking. So they have to have two days off and hit it hard on Monday. So whatever, you know?

Johnson:
Prozac on the weekends.

Burda:
Yeah, I guess <laugh>. All right. Before we discuss HHS'S health tech ecosystem plan, let's talk about social security, which Dave and I know a little about, I think. 90 years ago today, FDR signed the Social Security Act of 1935 as part of his New Deal program, giving Americans a basic set of financial benefits when they retire. And that's when the federal government actually tried to help people in need. So, Dave, first of all, are you collecting Social Security yet? And second, do you think Social Security will live for another 90 years?

Johnson:
Yes. I just started, I wasn't planning to select my social security until I turned 70, but then the Trump administration came into power and decided to accelerate the process. I gotta say it, it almost feels like magic after all these decades of paying Social Security taxes, a check now arrives in our bank account every fourth Wednesday of the month. But to your other point and

this will probably be a little contrarian my belief is that the productivity boost that the national economy will receive from artificial intelligence, AI will generate enough wealth not only to continue funding Social Security, but to give every American a guaranteed annual income, just like John Maynard Keynes fortold almost a hundred years ago.

Burda:
Wow. That's very optimistic, Dave. I'm gonna count on that.

Johnson:
If we don't blow ourselves up first, that's the question.

Burda:
There you go back to reality. Julie, I'm not even gonna ask you the first question 'cause I know the answer, <laugh>, but I will ask you how long you think Social security is gonna last?

Murchinson:
Well, I definitely would like to drink some of Dave's Kool-Aid <laugh> <laugh>. Gosh, you know what, this has been the age old issue that doesn't go away and never seems to blow up, but we all know is so fragile. So I'd like to, it's gonna let belong for decades to come. Like it, it has, but I don't know. It seems like we're, we're teetering a little bit here on many things.

Burda:
Yeah, yeah. Well, I'm not in it yet. I plan on taking mine at age 70, so I hope it's around for at least another five years. And I do think it's gonna be around for another 90. You know, millions of American depend on social security to live, and it's their money. They pay their FICA taxes as, as we all do. And can we be so cruel as to let millions of elderly Americans fend for themselves, hoping that they were diligent enough and made enough money to put away for retirement. Right. That's, that's a lot of false hope. And there's your transition into today's topic on the roundup, HHS's new Health Tech Ecosystem Initiative. Let me share a few bullet points from the initiative. Tell you who literally signed a pledge on camera at a Make Health Tech. Great. Again, event to support the initiative, then ask you for your best case. Worst case scenario, under the Initiative Healthcare Organizations can become part of a quote CMS Aligned Network. Close quote. Organizations can become part of the CMS aligned Network by voluntarily following the criteria in CMSs interoperability framework. Those criteria fall into five buckets, patient access and empowerment, provider access and delegation, data availability and standards compliance, network connectivity, and transparency and identity, security and trust. Basically, organizations promise to make their systems interoperable with others in the network and make protected health information available to patients from any access point in the network. The following EHR vendors signed the Health Tech ecosystem pledge promising to let their customers participate in the network. Athena Health, epic, Oracle Health and eClinical works. Some of the data networks that took some of the data networks that took the pledge include be Well Connected Health, Commonwealth Health Alliance, e-Health Exchange, Surescripts, some of the health systems that took the pledge include the Cleveland Clinic, CVS Health, Intermountain Health, and Providence, and some of the health insurers that took the pledge include Aetna, Humana, United Health, and Ance Health. Oh, and I forgot to mention two

other small players, Amazon and CMS itself. Dave, what's your first reaction to the initiative? Are you surprised, not surprised at who signed the pledge on camera? And what's your best case? Worst case scenario for the plan?

Johnson:
A couple of points before I discuss the best and worst case scenarios. I, I was actually delighted to see the plan and everybody's kissing the ring these days. So I guess I'm not surprised that the full on embrace at the press conference. But a couple things. First, health data interoperability has been improving. It's much easier for patients sometimes called consumers to access and understand their health data than it was five years ago. And it's light years better than it was 10 years ago. Having said that, there's still too much data fragmentation and process friction, but let's not deny the systematic evolution toward health data interoperability. It is occurring. Second, there is an inherent dilemma between health data interoperability and health. Data privacy, more of the former does increase the risk of personal health data ending up in the wrong hands and or being used for illicit purposes. Important questions relate to how much and to what extent these events can occur. My initial read of quote, make America Health Tech great again, by the way. Healthcare tech in America's never been great, but anyway, make American Health Tech great again, is that the program's, designers and participants are acutely aware of the privacy issues and are building or attempting to build safeguards into the platform. We can't run away from this problem, but we also can't live in caves. The industry needs to do the work to improve interoperability and minimized loss of data privacy. Okay. Best case scenario. This is a voluntary program, but the volunteers, as you enumerated, Dave including CMS, represent the majority of the provider tech and payer marketplace. If they can agree on standards and work constructively to implement them all, other parts of the ecosystem will have to fall in line. I particularly like the prohibition of requiring individual portals for consumers to access their data. The program's goal is to have data flow to the patient or consumer's portals of choice. You know, we're all acutely aware of what happens when you have too many competing portals to get information; progress stops. So I really like that feature of the program. And finally, the Trump administration has not been shy about using its leverage to get what they want. Just ask Harvard. Data operability is a noble and achievable goal. If the Trump administration demands adherence, chances are the industry will comply. Best case scenario, worst case scenario, we've all been here before. Big vision, big promises, presidential leadership. But then after the press conferences, the industry incumbents revert to behaviors that reward them at the expense of greater American society. Several questions will epic really give up its walled garden approach to data sharing and its socialist design for MyChart. And its insistence that providers have to be inside its tent using its tools, paying its fees to achieve better data interoperability. Another question, will big tech honor its pledge not to misuse patient health data when their entire business models seek to exploit and monetize consumer data? Another good question. Will the Trump administration maintained focus and pressure on the industry to deliver on its promises of health data interoperability? And then finally will payers and providers collectively work for the common good of better health outcomes at lower costs with great customer experience? Hasn't been the case up to this point. So these are big questions. The worst case scenario is what I call mafa, MAFA, mistaking articulation for accomplishment. Instead of racing toward health data interoperability, we will continue as an industry to trudge reluctantly forward.

Burda:
Thanks Dave. Julie, any questions for Dave?

Murchinson:
Well, I think my question might be in parts of your questions, but <laugh>, you know my question here is CMS really gonna be able to like ensure not only these technical compliance mandates, but, or vision or whatever it is, but also the kind practical access to usable realtime data for patients, especially given what you articulated with, you know, potential EHR company resistance?

Johnson:
Yeah. I, I believe the answer is yes. CMS under Trump, as I discussed, has the wherewithal and the damn the torpedoes attitude to make this happen, should they so choose. You know, several years ago, probably 20 years ago, I, I was part of a task force convened by CMS to tackle the problem of children's hospitals performance data funding, probably in a whole host of industry participants came to the meeting and, and engaged in the dialogue. And I was just struck by how chicken shit CMS was they were looking for feedback. They were trying to build consensus. They weren't trying to drive an agenda at all. And of course, the whole thing failed miserably. So it's possible that the, and maybe even probable that the Trump administration, given the way they, you know, approach governance will, will make this happen. I think it's also important to remember that during Trump on C-M-S delivered significant progress against fierce industry opposition on data interoperability and pricing transparency In this sense Trump too is building on a proven track record in pushing this Make America health tech Great. Again, policy agenda. But I think your question really gets to a difference between words will and can. You asked, will they you know, I, they certainly have the ability so they can but will they on that question, the jury is still out, and we'll just have to wait and see.

Burda:
I think that is the first time we've ever used the word chicken shit on this podcast, <laugh>. That is a great word, <laugh>. And I hope we hear it more often, because that really worked. Thanks, Dave. Okay. Julie, it's your turn. When you saw this, what was your first reaction? How do you think it will change the health tech market given the heavy hand from the federal government? And what's your best case, a worst case scenario next year when this thing starts happening?

Murchinson:
Well, I have to say, when I saw this, I wasn't surprised in a sense that it's very consistent with Oz's messaging from the beginning. When I heard him at Health Evolution this year, he talked about the fact that we have a generational opportunity to transform healthcare through technology. And he talked about, you know, the role of private investment and argued that, you know, funding's crucial for making sure that these innovators you know, can challenge the entrenched incumbents and that good ideas need capital. And this kind of, you know, this marketplace approaches a lot of that kind of thinking. And, you know, he, he talked a lot about creating a really transparent CMS and fostering a more predictable, fundable, investible healthcare industry. And I think a lot of what you could see happening with almost the democratization of of, you know, solutions that could be part of this, I see so many threads of

what he's been saying. So I guess, first of all, I wasn't totally surprised. Second, the CMS team is now led by a number of former digital health entrepreneurs who understand information needs for care delivery and value-based care. They've been in this business, they've hit their heads against the wall you know, they know the importance of empowering the patient, and they understand how to use at least some levers to drive innovation and change. So this honestly might be a first in our federal government, and it definitely shows in this framework. Three, AI companies are quite prominent in this announcement, which feels really different than previous announcements with big tech companies. You know, you see the usual suspects typically, but this is definitely a slightly different set of players, which you know, also feels like a first four, I will admit, I rolled my eyes, <laugh>. Well, you know, a lot of the underlying work with fire and health information exchanges and TEFCA and frankly a laundry list of standards and other, you know, data sharing advancements are already underway. There's been a lot of work going on in, you know, the last 4, 8, 20 years. The headline promises here do feel like they're way beyond the simplicity of the words. Like some of the patient access use cases and other statements made here are definitely realistic. But the more complex data needs for public health and research, you know, they require more infrastructure. And data's just dirty. Identity is challenging. And as you've seen in all the coverage, the privacy advocates are kind of, you know, out and loud. So at the end of the day, I think I've been in this health information exchange side of the world for too long to think that technology's really gonna solve this. 'cause these incumbent business models, I don't know, they still reign over the technical capabilities. Now, that said, a lot of people I respect on both sides of the aisle, frankly, have been spending days, honestly, for the last couple weeks in DC trying to figure out how to leverage, you know, all that's been built and my understanding from, you know, those in the know is that the health information exchanges, especially the few around the country that have become, you know, pretty impressive data utilities they're being looked at as potentially, you know, a significant component of the national health data infrastructure. And, you know, I grew up on this side. I'm a health HIE devotee. This is important because these organizations might be some of the only orgs that are capable of enabling kind of a proactive data exchange for the use cases in public health and quality measurement and, you know, pharmacology, surveillance. And you know, a lot of these have figured out how to also work within the, the constructs of their, their state and thing. Again, the privacy advocates, the state's privacy laws and policies. And by the way, that's something that TEFCA doesn't do. So I'm just, that excites me to be honest with you, and I hope there's something there really. And then just finally, I'll say stepping back, if I just remove the Trump from the scenario, I could get really excited. Like this could democratize solutions in a really positive way for smaller, more innovative companies. And it could push us beyond the interoperability basics to really forcing all these solutions to compete on their value and their quality and you know, their efficiency and savings and giving choice and control to consumers so we could really start delivering on things that we need to do instead of the basics. But I will say I read the Matt Hold article and you know, <laugh> like, Matthew, I worry, I wish I didn't, but I do <laugh>.

Burda:
Yeah

Johnson:

That was something,

Murchinson:
yeah, that was something.

Burda:
Yeah. And your comment about people with expertise and experience being involved behind the scenes, being a first for the federal government did not escape me. Love the sarcasm. <Laugh>. Thanks Julie. Dave, any questions for Julie?

Johnson:
Well for the listeners who aren't familiar with Matthew Holt, he basically asks the question of what do you do when a despicable administration proposes a a good policy? How should you behave? And he takes great umbridge at the way the industry writ large was embracing Trump administration officials doing selfies and so on. Well worth reading particularly if you agree with that point of the view, which many of us do….

Murchinson:
By the way, Dave, yeah, another woman we're fans of the CEO of BeWell. Well, you know, Christian wrote that great LinkedIn post that <laugh>, shockingly, she had a few haters for writing it. I thought that was interesting. But <laugh>, you know, it's nice to have someone like her who's so deep in this stuff,….

Johnson:
So credible too, so credible.

Murchinson:
Totally, you know, try to give everybody like the straight scoop of, you know, what this is really saying and what it's not. So I do think there's a lot of people weighing in with really thoughtful and helpful perspectives.

Johnson:
So my question, Julie and it, it's somewhat obvious, but I'd love to see, hear your take on it. Would full interoperability between payers, providers and suppliers be easier, more effective and efficient if the system incorporated a standardized user identification code? And if that's true, which it probably is why not acknowledge this reality, bite the bullet and get it done?

Murchinson:
You know the first year I started working with the California Healthcare Foundation on HIE concepts was 1999, and it's 2025. This patient identity issue, the NPI, I mean, it's been going on much longer than I've been, you know, associated with HIE thinking. Obviously the interoperability capabilities have come a long way. And a lot of people argue that we have technology workarounds today. The political resistance is too strong, obviously, now that we have some really prominent technology vendors, you know, folks like Epic and Cerner and Commonwealth, they have their own patient matching frameworks. So there is a lot that can be

done today, but at the end of the day, I still think it matters like the matching accuracy is, it needs to be <laugh> as good as it can be. I don't wanna use the word perfect. And without an MPI, you, you just can't guarantee that, especially with cross system interoperability. So I don't know if it's ever gonna happen. I personally would love to see it happen, but it's just such a political football.

Burda:
Yeah, it's a basic building block of all of this, and maybe we'll get there someday. Thanks, Julie. As much as I am for total interoperability, I'm not sure I want someone from this version of HHS or CMS sitting in a chair in my office with the door closed, which you know, is gonna happen. I, I just don't trust their intentions given the past eight months and what we've seen, there's an agenda there that we can speculate on, but we won't. But I'll just say, when you lay down with dogs, you get fleas, right? So <laugh>

Johnson:
Or selfies?

Burda:
Or selfies, yeah, I'm in the Matthew Holt camp. Now, let's talk about other big healthcare news that happened this week. There's never a shortage of it. Julie, what topped your list of things we should know about?

Murchinson:
Well, this isn't probably a secret for anybody, but the announcement by Epic that they launched their own AI scribe has definitely sent some ripple effects through digital health after their partnership with the Bridge. So, you know, I'd love to be a fly on the wall at Epic UGM this month, and certainly in the Abridge boardroom.

Burda:
Yeah. Yeah. That's gonna be an interesting rollout. Dave, what's your big story of the week?

Johnson:
Well, I wanted to draw listeners' attention to the Keckley report, Paul Keckley report from August 4th where he described several things that happened in July, July, 2025, and said in, as we go forward, July, 2025 will be the month US healthcare leaders recognize as the industry's modern turning point. And the four things he mentioned were the, the big beautiful Bill Act. The fact that the Bureau of Labor Statistics, a reported anemic growth and the consumer price index went up just three tenths of 1%. And of course, the, the leader got fired for that, that announcement. And then you had Trump's directive to 17 drug companies ordering them to reduce prices on their drugs by September 29th or else. And then the jobs report also by the Bureau of Labor Statistics. So you had those four things, and Paul collectively sees these actions reflecting absolute disdain for the healthcare industry by the GOP Led Congress. Here's his take. The landscape for US healthcare is fundamentally changed as a result of the July actions noted above. It is compounded by public anxiety about the economy at home and global tensions abroad. And in making this conclusion, he also talks about how the healthcare industry just continues to raise prices at above at above inflation. So basically stealing resources from other

parts of the the economy. And I think he's putting all of this on a collision course. So directionally, I think he's right, and maybe he's even right about July, 2025. So I'd encourage people to read his report from August 4th. And Dave, maybe we can include it as a link on this podcast.

Burda:
Yeah, no, no, that's a great idea. Thanks Julie. And thank you, Dave. 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.