

4sight Health Roundup Podcast  
Healthcare 2025. Save As...  
12/18/25

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, December 18th. Winter officially begins three days from now on December 21st, we're gonna go into our winter hibernation for two weeks, but not before we share what we think were the biggest healthcare stories of 2025 a year that certainly will live in healthcare infamy telling us what they thought of healthcare 2025 are 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, Dave, you say winter starts in three days.

Burda:

Mm-Hmm

Johnson:

<Affirmative>. But we've been in the deep freeze for over two weeks. True. That's true. The frozen pond outside my window testifies to that reality. Just makes it clear that it's time to hunker down, man. Yeah. Time to hunker down.

Burda:

I hear you. Thanks Dave. Julie, how are you?

Julie Murchinson:

Yeah, I've been on the East coast since I talked to you last, and I'm telling you, seeing snow like this, it's, it's a little weird. It's cool though.

Burda:

Yeah. Yeah. Maybe it'll stick around for Christmas. We'll, we'll see. Thanks, Julie. Now, before we talk about the biggest healthcare stories of 2025, how are you two going to spend your two week podcast hiatus? Dave, what are you up to the next two weeks,

Johnson:

I'm editing a short book on healthcare autonomy for the CEO of Innovaccer, Avanov Shashank. So we're, that we're planning to unveil at the JP Morgan conference in January. I'm looking forward to some quiet time to accomplish that task. So, no rest for the wicked.

Burda:

Don't they say write with wine, edit with coffee. So, <laugh>, keep, keep that, keep that straight. Thanks Dave. Julie, how about you? What do you do in the next two weeks?

Murchinson:

I'm going to spend as much time as possible with my kids, even if it's awkward and <laugh>. We're gonna spend a little bit of time in Hawaii, which I'm super thankful and excited for.

Burda:

Wow. Wow. That sounds great. We're staying put, I think for now, and that will give me time to clean up my home office and get ready for 2026. You know, stacks of papers, folders and reports are a proxy for how busy healthcare was this year. It was one of the busiest my recycle bin is gonna be overflowing the next two weeks at Good Luck to the Garbagemen when they come and pull up in front of my house. I hope their truck's strong enough.

Murchinson:

Happy reading.

Burda:

Yeah. Yeah. Dave, when you look around your office, what do you see? You know, tell me what was the biggest healthcare story of the year and why? And give me a runner up.

Johnson:

Well, Dave, I'm an advanced digital consumer. So when I look around my office, <laugh> Yeah. Not too much paper.

Burda:

Right, right.

Johnson:

But that, that does not testify to the lack of things that were going on in the year 2025. But my observation about being a digital consumer is actually a nice lead in to my top story of the year CMS'S voluntary program to establish full health data interoperability by next July. Yeah. How about that? Interoperability is a subject we discuss all the time on the roundup. It's become a holy grail for many of us including me. We've been at it for years. Remember October 6th, 2022, Data Liberation Day when the Biden administration ended information blocking and empowered patients to receive immediate, full and free access to the personal EHRs under the 21st Century Case Act. How, how has that worked out exactly? Do either of you feel like you've got immediate, full and free access to your EHRs?

Burda:

No.

Johnson:

<Laugh>, Julie, I doubt you do. Definitely not.

Burda:

Definitely not.

Johnson:

Yeah. so why is this time different? And for me the Trump administration's amplified efforts to make he all healthcare data interoperable through its voluntary program make health tech great

again, program. I'm not sure it was ever great, but anyway, that's the program name. It's got two broad goals promoting a CMS interoperability framework to easily and seamlessly share information between patients and providers. And then secondly, increasing the availability of personalized tools so that patients have the information and resources need to make better health decisions. I don't think anybody could argue with those two goals. But it's always been the execution, not the not the ambition. That's, that's troubled interoperability. So in this voluntary program more than 60 companies, including big tech, EHR vendors, providers, payers and app developers have signed on 21 of those companies, including all the big EEHR providers, have signed edges in blood, by the way I added that, but should be in blood to participate in bidirectional data exchange centered on individual patients with mandated use of fire APIs. We know that fire APIs are the gold standard for sharing information. But here's the thing. Signing that pledge comes with a big stick. Companies that fail to become fully aligned to CMS now works by July 4th. Next year, we'll lose access to Medicare data. Honestly, if you don't have access to Medicare data, how can you be in the electronic health records business? So they'll have no choice but to comply. So that's why it's different because there is a real stick this time. The problem has never been the technology. It's always been the politics. And they're, they're attacking the political problem with this big stick. So why is this in so important? Why is this my number one story of the year? Data liquidity is prerequisite for self-learning intelligence platforms. The applications that we put on top of these platforms are gonna optimize health outcomes. We're gonna see insights. It's gonna unleash a wave of innovation like we haven't seen in health tech to this point. And finally, you know, data interoperability is the first and most important building block for the new American healthcare system that that's emerging. We can't get where we need to go until we get health data interoperability. All source data wants to be free and free flowing to optimize its utility. Health data is no exception. Interoperability is at our fingertips. I can feel it. And that's why it's my big story for 2025. In terms of runner up. I'm torn between empathetic in quotes, AI's advances in its ability to answer consumers health. And healthcare questions. I know there's lots of issues about misinformation, but there are even more stories about how AI is stepping up, where the traditional healthcare system has failed in answering consumer questions. So that's, that's gonna be something we're gonna be paying attention to. And then the other one is advances in treating multiple genetic diseases like sickle cell. Sometimes it takes only one treatment to re-engineer a broken genetic code and gives someone access to a healthy, full, healthy life. We have no idea how we're gonna pay for these treatments, which can cost millions, but the science is absolutely amazing. That's me for 2025.

Burda:

Yeah. You know, that was one of my biggest typos of all time. I spelled crispr er instead of PR.

Johnson:

<Laugh>, And you still,

Burda:

And I still remember it, right? Mm-Hmm <affirmative>. Right. All right. Thanks Dave. Great choices. Julie, what do you think of Dave's picks?

Murchinson:

Well, first of all, Dave, I can't believe I didn't really choose interoperability, but as you know, I've been working on it since I was in my twenties. So your breath of fresh air, like, like, it just tickles me because I, I really hope this is what it is. And the fact that, you know, the federal government had this opportunity to use the same kind of stick in 2004 when it created ONC and the political will wasn't there. And I think this, you know, that was, there was also an entrepreneur at the time who really understood the power of it and couldn't get the politics there. So whatever's happening with the tech guys at CMS and how they're making this happen, like, I love it. I will say, by the way, I believe in it, Dave I will say, I was with an ER doc last night who is starting to you know, work more on kind of broader scalable innovations. And when we talked about interoperability, he said, you know, the, the kids in the next generation, you know, in their twenties today, or teens today, like, they'll just be transactional. It doesn't really matter. And I was like, well, do, don't you think there's some health risk to not having continuity of data? And he said, well, I mean, not, not necessarily always. And I thought to myself, God, it's so interesting. Like, there are still doctors who like, you know, don't see the need for, because their decision making will work regardless. And it just reminds me we have a long way to go in the change management front, and we just have different perspectives, right?

Johnson:

So, but you know, Chrissy Farr was out this week with something I've been saying for a while, which is if we, if we get interoperability and full AI behind it we're gonna have to retrain doctors because the machines are gonna be doing all the diagnosis. So,

Murchinson:

That's right.

Johnson:

Yeah. <laugh>, that doctor ought to go back to vocational school.

Murchinson:

I mean, he's fantastic, but it's just like the way a lot of people think. So, I'm excited though, Dave, love your, love your pick.

Burda:

Yeah. Send, send, send them a link to the podcast, right?

Murchinson:

<Laugh>? I might do that.

Burda:

We'll get 'em on board. All right, Julie, you're up. In your humble opinion, what was the biggest healthcare story of 2025, and why? And then give me your runner up.

Murchinson:

Honestly, you know, MI sort of cheated 'cause it's so hard to just pick one or two Burda. And I mean, for example, like, this is not my one, but affordability feels like it's peaking and finally

like, impossible to ignore. But we have felt that way every year for the past 20 years. So it just doesn't seem to stand out despite the looming danger. So I didn't pick that, but the one thing I did pick, it's also a multi-year issue. And in it, we have talked about it in so many ways in stories, which is why it's not just one story, but I think 2025 is gonna be viewed as a turning point year. And that's for AI. And there's two dimensions. I thought about this. You know, first, AI has, like, just since the beginning of 2025, really moved from pilot to core infrastructure on, you know, the agenda of every system and plan and life science companies for that matter. So while we're just scratching the surface, the conversation is materially different now. And we've gone from experimentation to implementation, and people are building and buying, and governance has moved from some like enormous barrier to actually becoming an enabler like Epic put it on the map this year. So between that and the fact that when I now hear people talk about workforce, we're no longer talking about crisis. We're actually not even really focusing on the strain. You know, health systems are for the most part, talking about how they can avoid new hires, just shut down those open positions. They're addressing burnout successfully. They're getting comfort with talking about actually eliminating positions and investing in even AI driven upskilling. So I think 2025 is gonna be a big year when we finally started to realize like, okay, this thing's here to stay and we're gonna have to do something about it. So Dave, it really does come together with your interoperability.

Johnson:  
Yeah, yeah.

Murchinson:  
Because it's, you know, it, it, this will not be the only, I don't use this word epic, to talk about Epic, the company. Let's not be the only epic year for AI, but I do think it's a big turning point. That's number one my runner up. Maybe it's a tie for first place, but I, I'm trying to turn policy lemons into American Lemonade with this one <laugh>. It's the MAHA movement. And, you know, the MAHA movement, I actually think is going to, even though <laugh>, I'm not openly a fan of RFK's vaccine stance or the deconstruction of expert infrastructure and all the continued chaos at CDC and HHS and the like, but I see the MAHA movement influencing innovation through, you know, solutions and like big programs, it's shifting in incentives and you know, what people, what some people are focusing on certain pockets. And Dave, I also see it in the recent CMS access announcement, because while much of that is extending healthcare management approaches today, it's absolutely setting the groundwork for preventative management long term. So it's not tomorrow, but I see the path for how MAHA's making a difference. And it's clear from Mike Johnson and our friends in Congress that we are not gonna get some, like, grand design healthcare, anything. So I think we'll look back on 2025 as a year where policy chaos might have started to breed focus on health and not just healthcare.

Burda:  
We didn't talk about this last week because it happened right after the podcast CMS came out with a yet another alternative payment model based on lifestyle changes. So maybe that's something we could talk about early next year. So dovetails right with what you're saying. Thanks, Julie. Dave, what do you think of Julie's picks?

Johnson:

Oh, I love Julie's picks. Start with the second one first. I don't think anybody can argue with make America healthy again. You know, unfortunately, I think RFK came to that realization fairly late in the campaign, and it got him his position and when it, when the dust settled, he cared more about the anti-vax than the Make America healthy again. But the need the desire and even the energy,

Jenny

Julie, as you're saying, I think, is there. So I think you're right. And probably even more importantly, I hope you're right. Maybe even pray that you're right on that one. And then on AI, I think you're, you're nailing it here. I heard Tom Friedman give a description about the, of health tech or tech really throughout the course of humanity. And he used H2O as the example. So from the emergence of human beings until the printing press we were in an ice state where the molecules couldn't connect with one another from the printing press through the computer age, digital age. We went into a liquid state, and now with the emergence of AI, we're going to vapor. And vapor is everywhere. And that's why it is so different than anything that has ever come before. And we're, you know, at the very early stages of wrapping our heads around this, but I don't think anything will be, make a bigger difference to humanity going forward than AI. And let's hope we have the wisdom to marshal its incredible capabilities in ways that are constructive, not destructive.

Burda:

Well, if I had to pick one, it is the destruction of the CDC under our friend RFK Jr. Now he's taken the world's premier public health agency and reduced it to an online chat room of deliberate disinformation, run by a bunch of anti-science nut jobs. People are gonna die; restaurant reviews are more accurate. Dave, we heard from a Chicago oncologist at that HC3 event last week. Yeah. And she told a story after story about how she's dealing with brainwashed patients. And I'll just share one to make the point. One of her elderly cancer patients went to the ER because of pain, and he said he stopped taking Tylenol, which was the only thing that managed his pain because he didn't wanna get autism <laugh>. Right.

Murchinson:

Unreal.

Burda:

Yeah. It's ridiculous. So I, I think it's gonna take years to undo the damage, if that's even possible. And it's gonna strain the current healthcare system more than ever before. And the market will have to step up and fill the void. So that's maybe the opportunity you both are talking about. So let's hope you're right. And Dave, when you said vapor, I thought you were gonna say gas bag, and that was gonna be the transition of what I was gonna say. <Laugh>. So <laugh>, thank you for, thank you for not doing that. Now before we go, was there anything else that happened this past week that you wanted to comment as and as one last thing to mention before we sign off for a couple of weeks, Julie, what else happened this week that we should know about anything?

Murchinson:

Well, I do like to recognize people movement when I think it's notable or when I see it. And big, big move for Aaron Martin, former Amazon Health Providence Health fame. Oh, really? Health system fame. Yep. Household name to many in the health system. Land, right. Or many in healthcare. Period. He's joining. Get Ready. Are you sitting down? Mm-Hmm <affirmative>. He's joining Humana as president of Medicare Advantage. And of course, you know, member of the LT. So, huge move. Congrats Aaron. It's gonna be amazing.

Burda:  
That's one to watch for sure. Thank you, Julie.

Murchinson:  
For sure.

Burda:  
Dave, what's your big story of the week?

Johnson:  
Well, first on Aaron, he was the one who convinced me to self-publish my first book, Market Versus Medicine. 'cause He had run that create space at Amazon when he was there. So really, he's he's clearly go. Yeah. No, he's gone up and to the right. Good for him, for sure. Well, it, it's end of the year, so I feel like throwing a really big idea out there. Sid Murkagee the Pulitzer Prize winning author of the Emperor of All Maladies about the history of cancer treatments. He's an oncologist. And by the way, that book is incredible. If you, for those who haven't read it most of what we know about cancer up until the last 20 or so years came through brute force trial and error. And it's pretty pretty interesting to read about it. Anyway, in a fascinating commentary in Stat this week Murkagee suggests that the next breakthroughs in cancer will focus on weakening the metabolism of tumors by what we feed them, gives new meaning to the phrase food as medicine. Just an incredible concept. But, you know, think about that. Tumors have to exist like everything else. They ingest food to, to survive. What if what we eat ends up killing 'em in the same way poisons do now without the detrimental effects? Wow. Fascinating concept.

Burda:  
Wow. Yeah. I know tumors feed on sugar. I, I've heard that. So

Johnson:  
Yeah,

Burda:  
That'll be really interesting to watch. Thanks Dave. And thanks, Julie. That is all the time we have for today; like I said at the top. We're gonna take a two week break and be back on January 8th with the first episode of the roundup for the new year. We'll be making our healthcare predictions for 2026. You don't wanna miss that one. Until then, we wish all our readers a fun, safe, and especially healthy holiday season. Get all your vaccines please. Thanks for listening. I'm Dave Burda for 4sight Health.