[Intro music by C. Ezra Lange]

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, April 16th. Yesterday was April 15th. Your federal income tax return was due. I got my return in a few weeks ago, so I'm good. And I got my $1,500 enhanced deduction for seniors. That was enacted as part of the One Big Beautiful Bill Act. As much as I appreciate the bribe, I'm still not gonna vote for you or anyone else in your party, even by mail. Plus, I need the money to pay for the higher prices on everything I buy, thanks to your idiotic economic policies and war of choice in Iran. But there may be one thing you got right, assuming you had anything to do with it, and that's the Health Tech Ecosystem Initiative. We're gonna talk about an important update to that initiative with Dave Johnson, founder and CEO of 4sight Health, and Julie Murchinson, partner at Transformation Capital. Hi, Dave. Hi, Julie. How'd you doing this morning? Dave?

David W. Johnson:

Well, I am just amazed by how much rain has fallen in the last 24 hours in the upper Midwest here. I'm pretty sure, Dave, there was a sighting of Noah building his ark in Wheaton, your hometown.

Burda:

- <Laugh> wouldn't surprise me. And, , I did see actually, , , two ducks walking through my backyard. So, , that's a sign of something. We'll, we'll find out. <Laugh>

Johnson:

Ducks, ducks on the pond. It's baseball season.

Burda:

Ducks on the pond. Right. Right. Thanks, Dave. Julie, how are you?

Julie Murchinson:

I'm well. Welcome to my world. It's been a little rainy here too, I'll admit. But I'm home, so that's good.

Burda:

Good, good. Home sweet home. Thanks. Okay. Before we talk about this first wave of digital health tech tools unveiled by CMS, let's talk about your federal tax return. Dave, did you file on time? I could imagine yours was pretty complicated with all your geographic moves this past year. <Laugh>

Johnson:

Well, we've, we filed on time for an extension, so I have- <laugh> ... No, nowhere near the depth of knowledge that you do regarding deductions and what the government is, , giving us, and more importantly, what it's taking away from us <laugh>. Right. , anyway, I'm not in, , I'm, , the, the, , IRS is not coming after me anytime soon.

Burda:

Got it. Julie, did you make it on time or did you file for an extension?

Murchinson:

I too am a chronic extension filer; so I filed my extension on time. <Laugh>

Burda:

You guys. <Laugh> You gotta get paper planners!

Murchinson:

Yeah, that might be true. <Laugh>

Burda:

Like I said, I filed on time and I got my deduction for being old. I also got a $600 premium tax credit for being on an ACA plan for part of the year. No wonder we're nearly $40 trillion in debt as a country. Kids, don't spend money that you don't have or can't pay back. Okay, let's talk about this update on the government's health tech ecosystem initiative. We first talked about the initiative last August after HHS announced its vision for a fully interoperable health tech ecosystem for consumers. Last week, HHS held a virtual event during which the agency unveiled the first wave of consumer-facing digital health tech tools in that ecosystem. 48 companies that pledged support for the initiative and met HHS's March 31st deadline for building tools that met its minimum viable product criteria, showcased their tools at the event. I was unable to attend. But based on what I've read, the tools included a QR code for your medical records that any provider can scan into their EHR system, an app that lets consumers aggregate their medical records across providers, and personalized health apps that provide nutrition, wellness, and chronic disease management tips to users. Three words for you. Full, fat, milk. Dave, you've been bullish on the Health Tech Ecosystem Initiative. Are, are you still bullish after last week? And, , if so, why?

Johnson:

Yes, I'm still bullish. They are pushing us toward full data interoperability. By they, I mean CMS under Dr. Oz and the Trump administration. And this is just one more logical step along the way. As we've said before, the obstacles to getting full healthcare data interoperability are political. They're not technical. We could have done this probably 10 years ago. I was on stage last week with Dr. Anil Jain. Dave, I don't know if that name sounds familiar to you.

Burda:

No, no it doesn't.

Johnson:

He was the individual who was at the Cleveland Clinic, who created Explorus, that IBM bought and then turned into Watson. - Oh. So he's been at this for a long time. He's now the chief innovation officer at Innovaccer. And he made the statement that the biggest obstacle historically to the US getting full health data interoperability has been the lack of a national patient identifier. I had never heard anybody say it quite that directly in those terms, but evidently there's a very strong lobby against the idea of a national patient identifier. So, I was reading press coverage of Amy Gleason's remarks with regard to this. And she got asked, I thought, two really important questions that get at the heart of whether or not the United States of America can ever get to full health data interoperability and everything that unleashes. The first was, is this initiative the equivalent of a universal patient identifier that would give all doctors and caregivers access to a single electronic health record for patients? And here's what Amy said. And for those of you who don't know, Amy Gleason, she's the person inside the administration whose technical job is running DOGE, remember DOGE? <Laugh> But, <laugh> but, , , she's been the front person corralling all of the industry leaders into meeting this interoperability pledge. March 31st was the date where you had to have the most viable product, or pass clearance and 40-something companies got there. And then come July, if they stick to their guns, the administration is saying that anybody that isn't CMS compliant with regard to health data, which means fire level APIs, for information that's secure, they won't have access to Medicare data anymore. So a pretty big stick to go with the carrots. But anyway, Amy was asked by MedPage whether this was the equivalent of a national patient identifier. And here's what she said. “That's actually the whole idea, is that when Hospital X doesn't have your records, now you will have them and be able to share them directly with the hospital. We're not rolling out any kind of national identifier.”; which I think gets to Anil's

point about the opposition to that. They wanna be clear that they're not doing that. “That's not part of our process,” Amy Gleason, continue on, “but we did put modern identity into the program so patients can use something like login.gov or ID.me or CLEAR on the Medicare website to be able to quote log in, and that gets access to the app.” So let's say we now all have a QR code that contains all of our health data. When we go into the doctor's office, we will simply be able to scan that QR code and they'll get all our relevant data. And then of course, what always accompanies any dialogue regarding sort of access to patient data and national identifier-like mechanism, which I think this gets us pretty close to, is how secure is that data? And the government has created the CARIN initiative, C-A-R-I-N. You gotta love their acronyms. It, - <laugh> ... stands for Creating Access to Realtime Information Now. CARIN, not the Karen sometimes used in disparaging ways, which I hate. And they have a CARIN code of conduct. And essentially, everybody who's signing this is agreeing to some very stringent standards on keeping patient data safe. And so those are the two things, interoperability and patient data. And Oz, when he had his time at the podium, made the point that they had two big objectives with what they're doing with the interoperability program. The first is to kill the clipboard, right? <Laugh> So we all have had the experience of, you know, going into for a medical appointment and having to fill out for the umpteenth time all our basic patient data, including, you know, what years I had my five knee surgeries, which I can never remember, right? So anyway, they wanna kill the clipboard that gets to this very direct way to share the totality of our patient information. And then the second thing, which is near and dear to my heart is, then we're gonna unleash AI on the data. And, you know, you've heard me say a million times, you can't get autonomy, which is the use of the machines to do repetitive tasks and increasingly complex repetitive tasks, and maybe even some reasoning; You can't get autonomy without interoperability, and I'll, do it again because I like it so much. You know, it's like the song, Love and Marriage, you can't have one without the other. <affirmative> Well, in healthcare, you can't get autonomy without interoperability. And so this

is exactly the right way to think about the data challenge confronting the industry. Once we have the ability to collect all the data, then we can start unleashing the machines to do the retrospective and prospective analytics on intelligence platforms, which will generate insights, and then it can get pushed up to the third layer of the stack, where it, in applications that engage end users. So this is the moment. This is the shootout at the healthcare digital corral. Are we gonna have a system that allows for full health system data interoperability that's secure, that unleashes the power of artificial intelligence and all the other technologies to improve healthcare in the country in every conceivable way, lower cost, better outcomes, better customer experience. And even looking through this list of companies that met the MVP deadline of March 31st, there's a whole range of applications that, are getting built into this modern apps library. So healthcare can, if it chooses, enter not only the information age, but the age of intelligence and it can't happen soon enough as far as I'm concerned.

Burda:

Well, Dave, I think you just gave another tip to the kids listening to this podcast. Don't get into the clipboard business. <Laugh>

Johnson:

Yeah, it's like the the buggy whip business. <Laugh>

Burda:

Right. If the government's motto is kill the clipboard, it's, , you know, stay away. <Laugh>

Johnson:

Yeah.

Burda:

That's great. Thanks, Dave. Julie, any questions for Dave?

Murchinson:

I still think there might be some short-term opportunity in the clipboard personally.

Burda:

Okay. All right. <Laugh>

Murchinson:

Dave; First of all, let's assume the movement works, and we're sitting here five years from now. What needs to be true to say that this fundamentally changed care for Medicare patients? And what's most likely to maybe block that?

Johnson:

<Laugh> well, what most needs to be true is that interoperability means interoperability, that all data that is available becomes available, full stop. It's gotta be protected, but I've always believed that the source data underlying the entire medical system, which are all of the data records, clinical data records, do not belong to anyone perhaps other than each of us as individuals over our own data. Companies that historically have used their market leverage to control patient data, you know, the system of record data, have blocked the ability of the overall industry to use that data in ever more elaborate and smarter ways to improve diagnosis, treatment plans, operational efficiency and so on. I mean, everything needs to get better. So that is the key point. Interoperability has to be <laugh> truly interoperable. Data has to be truly interoperable and it's at our fingertips. I think we can all feel it. And the biggest obstacles are, again, political, not technological. So it is forcing everybody to play by a standard set of rules that get the information where it needs to be, Data Libre, so that it can flow to its highest and best possible uses. Amen. Data Libre, revolution, whatever you wanna call it.

Burda:

It sure would be nice to have one login and password. <Laugh> for all my portals and medical records- Yeah, I mean- ... It's a security account and, you know….

Murchinson:

We have two factor authentication and you, you got this.

Burda:

Okay. All right.

Murchinson:

You can store it somewhere. <Laugh>

Burda:

Yeah. <Laugh> A lot depends on that picture you take, right?

Murchinson:

I know.

Burda:

People keep looking like that. I'm not sure I could pull that off. Thanks, Dave. , Julie, you know a lot of companies on this list from last week. Are we looking at, , real progress since last year, or are these baby steps and we still have a long way to go?

Murchinson:

Well, if you just look at the headlines, it's definitely tempting to ask this question, Dave, of is it real progress or just buzzwords? But I'd say it's real momentum. It's just really early innings and it's honestly just scratching the surface of the types of apps that are out there. And if you

just think back about where we were at launch, like, CMS launched with 60 companies taking the pledge. Now it has over 700 organizations signed in, in, and 100 or over 100 saying that their products are actually, you know, live or close to it. So, you know, I think as a movement, it's real momentum. And I applaud the team doing this. They know what the foundation needs to look like, and they're trying to get companies that are willing to jump in for this, you know, stick down the road, Dave, that you mentioned, right?

Johnson:

Yeah.

Murchinson:

I think as a first wave, you know, the list of tools is an interesting cross section. It's not only a few startups, but large payers like Cigna and Humana and big tech names like Microsoft and Google and, you know, a couple major HR vendors, not all. It's very foundational. There's so many other healthcare solutions, start apps, et cetera, out there that are lean more towards care delivery and they're not quite present here yet. So you can feel that this is like a very foundational approach right now, that's for sure. It's meaningful though, and you can see how it's like the beginning of the stack. On the government side, CMS is finally shipping some of the basic plumbing that I think people have been asking for. And Dave, you alluded to this with Identity, there's a Medicare app library. There's some version of modern identity verification. There's a new blue button API functionality that can expose records and your digital Medicare ID, Dave. All these things going into killing the clipboard, you need what is out in this first round. So, it might not be sexy this first release, but it makes sense if you look at kind of what's in there. I think mostly not all of it, but most of it. And, you know, the issue I think critics will have, of course, is that this is not gonna drive system level change this first wave, right? It's almost ... Everything that they're doing here is voluntary, of course. This is a movement on a

mandate. These are minimum viable products, not, like, minimum adopted products necessarily. So the hard work is definitely ahead in terms of actually getting adoption and getting clinicians to change their workflows. We know that that's really easy, right? And, you know, aligning with Medicare Advantage and fee-for-service payment methods and figuring out what happens to some of the smaller providers that aren't actually actively gonna be part of the scale approach. There's a lot here to be done, and I think there's a lot of critics out there who are questioning whether this is real, whether the payment mechanism makes sense, you know, complaining that it's not gonna, you know, address everyone at once. So, there are always gonna be critics. And I just feel like if you zoom out compared to last year, these might feel like baby steps, but I do think that they're making progress. And until it's weird for a Medicare patient to not have a digital record that they can share, and until it's weird for a clinician to still rely on facts and clipboards, you know, we should treat this as early, but encouraging. We're getting there.

Burda:

Yeah, I think the two words that jumped out at me, that you used were momentum and meaningful, right? How many times does the government unveil something with a lot of fanfare and then you never hear about it again, right? So, , the fact that they, they did this last week, hits those two notes, meaningful and momentum. That's great, Julie. Thank you. Dave, any questions for Julie?

Johnson:

You mentioned that EHR vendors had met the minimum viable product deadline of March 31st. That included Athena, Oracle, and MEDITECH. There was a notable missing player, Epic, and you know that Epic is my own personal bet noir <laugh> within healthcare for all the reasons we've talked about endlessly through the years. But how meaningful is it that Epic hasn't delivered on the MVP deadline. How significant is

that and how concerned should we be that this is a sign that maybe this program can't get to the finish line as quickly or as powerfully as we hope?

Murchinson:

First of all, are they surprised?

Johnson:

No, no.

Murchinson:

No. Like, they don't have to do this, right? I don't think that it means they're not going to. I think they're setting up the first MVP doesn't break the initiative, but it's definitely a reminder that you can't declare victory on interoperability without the largest EHR- Yeah. ... Watching from the stands, I think it's symbolically important, but it's not fatal. It's definitely a signal of the power dynamics of this whole situation. And maybe also the pace of technical feasibility, I'd love to think that, but, I think it's more an optics gap than anything. And practically, you can still get a lot done without Epic in wave one or maybe even wave two or maybe even wave three. I'm not really sure. We'll have to see how this rolls out, but, many first wave tools live around the EHR, right? Identity-

Johnson:

Yeah.

Murchinson:

... APIs, consumer apps, payers, analytics. Those can move ahead and create pressure and expectations even before Epic ships something that, you know, CMS is willing to badge as some sort of MVP. So I don't know, if Epic and other big platforms are hanging back, it may not be because they can’t meet the MVP bar, of course, although I think there could be some issues there. But it may be because they're still deciding

their own terms and, you know, what they're willing to do to plug in. I think they, they will have every right to negotiate what they want at the end of the day. And I think perhaps a lot of this first or maybe the first few ways will be about building enough strength so that you can't sit on the sidelines and you can't necessarily dictate terms because there's so much pressure to actually participate. That would be the ideal, I would think.

Burda:

Yeah. It's like when you were younger, you're trying to coax the kid with the catcher's equipment to come out and play baseball with you, right? <Laugh> One kid could afford the catcher's equipment, and he was the lynch pin to the whole operation, right? He held all the, all the cards. Interesting. Interesting. Thanks. Thanks, Julie. You know, if I could use a QR code to pull up a list of beers, , on tap, my doctor could use a QR code to fill an appointment form, right? <Laugh>

Murchinson: Good point, Dave.

Burda:

Right? <laugh> So, now what the government's gonna do with that data, you know, that it collects from participating vendors I'm not sure, but we'll find out at some point. Great discussion. Thank you. Now let's talk about other big healthcare news that happened this week. Julie, what else happened that we should know about?

Murchinson:

Well, speaking of tech, our friends at Anthropic acquired a stealthy AI startup in the, the biohealthcare space this week. I'm just watching how some of these larger AI players are getting into healthcare. Interesting.

Burda:

Mm. Entering the ring.

Murchinson:
Entering the ring.

Burda:
Yeah. Thanks, Julie. Dave, what's your big healthcare news of the week?

Johnson:
Oh, I'm gonna go into the glass is half empty and filled with arsenic world right now.

Burda:
Oh, no. ...Oh, no. <Laugh> All right.

Johnson:
So there were some big judicial victories last month, curtailing RFK Jr's ability to create the vaccine group that determines recommendations, policy and so on. And, basically a court order put everything on hold, which we all celebrated. But, as Yates says in the second coming, the best lack all conviction and the worst are filled with passionate intensity. So the response has been the administration under RFK is now coming up with the new policy mandate for vaccines that may enable them to circumnavigate the strong sanctions or blocks to changing vaccine policy. So this is still seemingly the thing RFK Jr. cares most about and he's using all means at his disposal to push forward vaccine policy in this country that's based on his beliefs, not on science.

Burda:
Yeah, as the pediatric flu mortality rate rises and measles case rise, right?

Johnson:
Yeah.

Burda:

So, yeah, I understand why your glass is <laugh> half empty today.

Johnson:

You still, you still had the best headline of the year, Pop Goes The Measles. <Laugh> , so- There we go.

Burda:

That was fun. Well, good luck to all of us. Thanks, David. 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.