

4sight Health Roundup Podcast
Competitor, Collaborator or Replacement?
4/9/26

[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 9th. As someone who's been falsely accused of being a hypochondriac, I have looked up my medical symptoms online, like you haven't, but I've never asked AI to diagnose and treat me. At least not yet. We're gonna talk about how other healthcare consumers are using AI chatbots 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?

Dave W. Johnson:

We've just passed the two-month mark for my wife, Terri's kidney transplant surgery. She's recovering really well despite eating only my cooking for those past two months. So how's that for a KPI? <Laugh>

Burda:

Well, congratulations to her and good job on working that stove. Well done.

Murchinson:

Yeah.

Burda:

Julie, how are you?

Julie Murchinson:

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I'm well. I'm back in the saddle. I have a little more pep in my step after trying to be way offline, so feeling good.

Burda:

Good for you. Always good to get off the grid. Okay. Before we talk about consumer's use of medical AI, let's talk about your use of it. Dave, beyond checking your symptoms, have you used medical AI for more invasive or more actionable purposes?

Johnson:

Dave, I really haven't, but probably should. Unlike you, I'm not a hypochondriac. I'm just the opposite. I think everything is fine even when it's not. Positive COVID test results always surprised me.

Burda:

<Laugh> Dave, I've been on death's door since age 22, so- <laugh> ... You know, That's a difference between us. Thanks. Julie, how about you? Are you using any of these consumer-facing medical AI tools on the market? And if so, how?

Murchinson:

You know, no, I'm really not. Like, I don't think Function Health falls into that category, even though obviously using AI to develop interpretations and manage patients and the like. That's probably the only one, which I ... Well, that counts. Yeah. I will say I was guilty in the early days of dropping my anonymized lab results into ChatGPT to figure out what they was saying, so.

Burda:

Oh, okay.

Murchinson: It's fun, you know.

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Burda:

Knowledge is power. That's right. Yeah. Well, like I said, I'm sticking to medical fact finding for now. But I soon may be in the minority based on two new reports. The first is Rock Health's 11th annual Consumer Adoption of Digital Health Survey. The second is KFF's tracking poll on health information and trust. They were released within two days of each other late last month, and together they give us a snapshot of how consumers are using the latest digital health tech. Let me give you the highlights from each report and you tell me what it all means. This is from the Brock Health Report, which is based on a survey of 8,000 US adults. 32% said they used an AI chatbot for health information last year. That's up from 16% in 2024, or double in a year's time. The top three reasons were: to explore treatment options based on a diagnosis, search for a diagnosis based on symptoms, and research prescribed drugs and/or their side effects. Ask what they did after using a chatbot. The top three actions were: search for more information, consult a provider, and discuss what they found with family or friends. This is from the KFF report, which is based on a survey of about 1,300 US adults. 32% said they used an AI chatbot to get health information on their physical or mental health over the past year. That's the same percentage as the Rock Health Survey. Of those who used an AI chatbot for physical health, the most common reason was looking up symptoms or getting general information about their condition. Same with those who used an AI chatbot for mental health or emotional wellbeing purposes. Interestingly, 58% of those who used an AI chatbot for mental health reasons did not follow up with a doctor or other health professional. That's compared with only 42% of those who used an AI chatbot for physical health reasons. Dave, what's your big takeaway from these two new reports? Did any other stat jump out at you about consumer behavior? And if I'm a provider, what's my big takeaway from these reports?

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Johnson:

<laughs> Well, the big takeaway is that the healthcare bots are here and here to stay. We've moved beyond robot boyfriends and girlfriends to robot doctors. My advice to providers is, learn to live with them and even work with them; more on that later. But in terms of the stats and so on, I really liked the Rock Report a lot. The one from Kaiser to me was more supportive than illuminating. And besides, the Rock Report had such a great title. The Tortoise and the Hare of Care; and what they're getting at in the title is that inside the healthcare system, the use of AI to diagnose and develop care plans and so on, is progressing at a snails pace or a tortoise's pace, very deliberate, wanting to make sure it works. And meanwhile, out in the Wild West, with consumers, it's just going faster than the fastest hare you can imagine. I mean, double the use of chatbots for healthcare, from a year ago, probably will double again this year. In terms of stats from that report in particular that struck me, I really liked their deep dive on the super users. It turns out that of the 32% that are doing this, 64% of those people are using the health chatbots weekly. They engage weekly with their healthcare bot. Rock termed them as healthcare super users. They are consumers who use more care, generate more data and track more of their health across medical and wellness domains. It almost sounds like it's potentially addictive. So, you know, that.... <laugh>

Burda:

No, that's interesting. It's like people take their blood pressure all the time, right?

Johnson:

Yeah. Kind of, yeah. I mean, I'm sort of thinking about what happened with sports betting, and how that's become just immersed into our society. Could we be looking at something similar for a fairly substantial segment of society? But the ones that are using it are really using it.

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And the other thing that I found particularly illuminating, particularly since it supports one of the conclusions Paul and I came to in our book. You know, with the behavioral psychologists tell you, we always pay more attention to confirming, rather than disagreeing information. But the super users, in fact, all users aren't differentiating between clinical and administrative questions. They're going to the chatbot for both, and that just makes the case for me that we're ultimately gonna see an aggregator's advantage, one single engagement point for the entire healthcare journey, both the care side and the administrative side. So I think the marketplace is confirming what I guess many of us believe to be true, maybe already knew to be true, which is whoever can put it all in one place and make it easy to access and use is gonna win. I'm gonna end with a quote from, Kristen Valdez, the founder and CEO of Be Well Connected Health, who might be the single smartest person I know on health data and consumer engagement.

Murchinson:
100%.

Johnson:

You agree? Yeah, I couldn't agree more. So anyway, quote from Kristen saying, "Patients are not going to stop using their tools because they're filling a real gap. Even though AI isn't perfect, medical error isn't zero either." She's right about that. "Humans are imperfect. The real question is whether this represents an incremental step forward. We have an obligation to make the technology better and to do so in a responsible, thoughtful way." Which she is doing, others are doing too. And so, it's here. It's growing fast. And I think Kristen's right, you know. I love that quote from Yates that, with dreams come responsibility, well, this is a big dream, right? To be able to use chatbots to help diagnose and treat and illness and also guide our health and wellness journey. We have a responsibility, that's a big dream. We have a responsibility to make it work.

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Burda:

Thanks, Dave. Julie, any questions for Dave?

Murchinson:

Okay, Dave, this is a softball, but I want you to think hard about it. If one in three adults are already using AI as their first stop for health advice, and up to half have never thought of a clinician, does a physician of tomorrow become a gatekeeper, or a second opinion master, or something else?

Johnson:

Boy, if you could see me now, Julie, this is me thinking hard. I look like Dobie Gillis, you know, with my, my, my fist on my chin, you know, in the, in the Rodan- The

Burda:

The Thinker.

Johnson:

The Thinker. Yeah. You got that one right away.

Burda:

I know where you're going.

Johnson:

Only 2% of the audience know who Dobie Gillis is. Yeah. But anyway, I vote for something else, Julie, and again, this is me thinking very hard, or maybe not so hard. I believe the doctor of the future is gonna be a collaborator, somebody will work together with consumers and the machines to diagnose, treat, and develop care plans. I think of John

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Halamka's quote from his book, Transform, on the Mayo platform where he said, "The machines won't replace the doctors, but doctors who know how to work with the machines will replace doctors who don't." And, you know, imagine a world where you and your doctor together came up with the prompts, to talk to the machine and then, you know, put it into English, or whatever language <laugh> the patient speaks and then act on that information together, you as the consumer/patient, bringing your own expertise and knowledge of your body with, the physician and combining that expertise to generate better solutions. So I vote for Collaborator.

Burda:

Very interesting. Thanks, Dave. Okay, Julie, , did anything surprise you in these two reports? Did another stat jump out at you about consumers digital health behavior? And if I'm a digital health startup or health tech company, what's my big takeaway?

Murchinson:

Well, I'm with Dave on the Rock Health Report. I was struck by how AI health has effectively gone mainstream within a single year. And you know, these percentages are now approaching the percentage of those who use social media for health in general. So that's, you know, that's pretty major. I was actually pretty struck by the fact that these tools aren't just for the privilege today, right? It's solving access and affordability issues in a pretty major way. And unlike wearables and telehealth and all the things that we've, you know, we've seen over the last five to seven years try to get traction, AI health isn't showing meaningful differences by income or education, suggesting that it's, you know, pretty unusually broad access across socioeconomic strata. So that's major if that's actually really true. And, you know, the other thing I think is interesting is that they say the stats are something like one in five or so say a major reason they used AI is not being able to afford a

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clinician visit or not having or getting an appointment. And if you look at just the ... I think those were around 20%, each of those reasons. And if you look at the younger, lower income adults, that rises pretty quickly to 30 to 40%. So the kids are gonna change it. That's all I'm gonna say here. <Laugh> and the last thing, Dave, I don't think you mentioned this, but it was really close to something that you did mention, which is a larger of these AI health users are not looping clinicians at all, and they're feeding their records in despite privacy concerns. So- <affirmative>... You know, it's amazing to me that, you know, we're starting to see just absolute independent action, in ways that, you know.... people are making choices about utility over privacy, which I think is interesting. So what would I do if I'm a digital health startup? There's so many things that are product opportunities here. It's kind of amazing. First, now it seems AI really is a real front door, perhaps, compared to where we've been over the last decade, and I would be building for an AI first patient and not an EHR first patient. How's that for a little bit of a twist?

Burda:

I like it.

Murchinson:

Thank you. So you know, I think the first product opportunity is you should assume that your patient's arriving AI informed. So in workflows and UX and clinician experience, we have to assume that we're routing AI generated questions and ingesting data in ways that we're really embracing it and not ignoring that reality. Second, given this affordability and access finding, it feels to me like there's a product opportunity to turn AI advice into safe, you know, lower friction next steps, like obviously chat to visit routing and lower cost async care models or even group visits, right? You can imagine lower cost models that can pair similar cohorts of people. We're already seeing nudges, of course, but if you have lower income, younger, uninsured, Black and

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Hispanic adults disproportionately using AI because they can't afford or access care, you have a market, right? That's an entirely different market than what I think many digital health startups think about today. And lastly, I'll say the superuser that you mentioned, Dave, -

Johnson:

Yeah.

Murchinson:

... It's amazing. I mean, what they were saying about the super users, just tracking more metrics, especially lifestyle metrics, makes a huge difference. So you have to think about that as your core customer now, right? Designing longitudinal AI augmented experiences with coaching, navigation, interpretation. You know, think about that as rewarding their behavior in the ways that you talked about, Dave, and keeping them in your ecosystem, not just some sort of single AI chat. There's a lot of opportunity.

Burda:

Yeah, so we've gone from being worried about the digital divide now to it being a great equalizer in terms of disparities and equity.

Johnson:

Nicely, nicely put.

Burda:

Yeah.

Murchinson:

Sounds like it.

Burda:

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Yeah. No, that's great. Thanks, Julie. , Dave, any questions for Julie?

Johnson:

Well, Julie, in the great match fight between physicians and machines, in your humble but very well-informed opinion when given an equivalent set of symptoms and patient profile information, do the machines or the doctors diagnose conditions more accurately?

Burda:

Ooh, ooh.

Murchinson:

Ugh, gonna make some enemies of some physicians out there. No, I think you know, we'd all like to think that AI is going to be more accurate because it will have access to broader datasets be more personalized. And I think for the, for the most part, that will increasingly be true. Today, there are probably several nuances, that are not captured well in data that are more complex than your typical kind of straightforward diagnosis. So we're probably in a pretty major in between stage where doctors' diagnoses can still be quite powerful in certain conditions, populations, you know, complexity, but, I think we're seeing AI already do better on, you know, medical exams and, and other things. So we're headed the AI way.

Burda:

I think evidence-based and science-based, AI chatbots, can level the playing field between patients and providers. The best providers should embrace well-informed patients just like the best businesses welcome educated consumers. So, that's the future, but we're only one third of the way there, but I think we'll get there pretty quickly. Now let's talk about other big healthcare news that happened this week. , Julie, what else happened that, , we should know about?

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Murchinson:

Well, I'm sure you both saw this, of course. It's like the biggest news this week, but good news for health plans, but looks like a-

Johnson:

Yeah, yeah.

Murchinson:

... Near zero MA rate year just turned into a, I don't know, modestly-

Johnson:

Two and a half percent. Yeah.

Murchinson:

Yeah. I was surprised, honestly, to see CMS walk back its risk adjustment change, but, -

Johnson:

Yeah, me too. Disappointed too. Dave, what's your big healthcare news of the week? <Laugh>

Johnson:

Crying wolf works. Well, have either of you heard of the Patients Deserve Price Tags Act?

Murchinson:

No, but I love it.

Burda:

Patients deserve ... What is it, Dave?

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Johnson:
Price tags. Yeah.

Burda:
Hmm. No.

Johnson:
Patients Deserve Price Tags Act. So this was legislation introduced middle of 2025 by Roger Marshall, Republican Senator from Kansas and John Hickenlooper, Democratic Senator from Colorado. And the bill currently has 18 Senate sponsors, completely bipartisan, and it looks like this do-nothing, can't agree on anything Congress may actually pass really strong price transparency legislation. The Republicans want something <laugh> to show the electorate come November and healthcare is a really convenient target. So look up Patients Deserve Price Tags Act. And you gotta love ... I don't know. There's no acronym for that, but- <laugh> . This is a case where the legislation says exactly what it is.

Burda:
Well, it's something we could revisit in a future podcast. <affirmative> Great. 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 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.