

4sight Health Roundup Podcast

A New Health Tech Accelerator for Hospitals. Vroom Vroom! Or Ho Hum?

5/7/26

[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 again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, May 7th. Today is the National Day of Prayer, passed by Congress and signed into law by President Harry Truman in 1952. I don't know what you're praying for today, but I'm praying for the separation of church and state in this country. Our founding fathers' knew religion and politics don't mix, and history has proven them correct. On today's show, we're gonna talk about weather hospital associations and health technology innovation mix 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 wish it were May the 4th instead of May the 7th, then I could say May the 4th be with you, one of my favorite things to do. But other than that, I'm doing great.

Burda:

I knew you'd figure out a way to work that in. Thanks, Dave. Julie, how are you?

Julie Murchinson:

Well, I've been in Boston this week, and we were at a big broad meeting, and we had Margarita Bar for Cinco de Mayo, so I'm feeling quite in the mood.

Burda:

Ooh. All right, that sounds great. Yeah.

Murchinson:

Maybe I'm hungover. I'm not sure. <Laugh>

Burda:

Hear it in your voice. Okay. Before we talk about hospital associations and health technology, let's talk about any healthcare prayers you have on this National Day of Prayer. Dave, any healthcare prayer that you wanna share?

Johnson:

Well, I, I, I'm gonna steal one from, from Terry Shaw. I'll have more fun in the bigger part of the ... But this one's serious. So I was talking to Terry about the Advent culture, and they have four service standards. Keep me safe, love me, make it easy, own it; keep me safe, love me, make it easy, own it. Which I find remarkably clear and easy to follow. And what he basically said is from the top on down, he believes Advent should treat every patient like they're a child of God. If I had a prayer, that would be mine, that every health provider, health insurer, anyone in the industry, would treat a patient like they're a child of God.

Burda:

That hits it right on the head. Thanks, Dave. Julie, how about you? What do you pray for our healthcare industry?

Murchinson:

You know, we just invested in a company that is a platform to help, , paid family, caregivers get paid in a friction-free way to take care of their loved ones in the way that they need to and actually have a life and

feel like they have purpose that's being, you know, compensated or recognized. And similar to where Dave is coming from, the presentation I heard from this company almost made me cry. Like, it's really, it's amazing to watch entrepreneurs who lead into spaces that have traditionally just been friction-filled programmatic areas that frankly, people like Dan Brillman, who's running Medicaid are trying to create friction-free environments, right? So I don't know, I'm kind of praying that we, like, lean into, what the environment we live in today is actually more productive the way we think it is.

Burda: Talk about serving an unmet need. That's great. You know, for me, you could see the breakdown between church and state and the, , anti-vax movement. You know, anti-vaxxellers are the church and medical scientists are the state, and we need to keep those separate so we can keep the public safe through proven and effective immunizations and vaccines. So, what did Cher say in Moonstruck? Snap out of it. <Laugh> Let's talk about hospital associations and advances in health technology. The idea for this topic came from an April 29th announcement from the American Hospital Association and the West Health Institute. West Health is giving the AHA's health research and educational trust \$12 million to launch a new quote, "National Accelerator to Scale Technology Enabled Patient Care Solutions." This is a three-year initiative to help hospitals and health systems operationalize and scale proven technologies across care settings and to improve outcomes and support care teams. The accelerator will focus on three areas, EHR optimization, virtual care, and artificial intelligence utilization and integration. According to the announcement, participating hospitals and health systems will have access to a new digital hub where they can examine proven, ready to deploy solutions, benefit from hands-on implementation support and guidance from AHA and West Health experts, and engage in peer learning networks. A curated network of hospitals and health systems will serve as national models, highlighting and sharing their own tech-enabled transformation and lessons learned.

As my dearly departed father-in-law would say, "If ifs and buts were candy and nuts, what a wonderful world it would be. " I seem to recall the AHA entering a similar strategic alliance with Avia in 2019, the scaled digital transformation. I have no clue what happened to that deal. Dave, what's your prayer for this new AHA West Health Technology Accelerator? You know, is it more the merrier, too little too late, or will this somehow gum up the works? <Laugh>

Johnson:

I love how you connect these disparate events together, National Prayer Day with the announcement of the West Health, the HHAV. And I gotta say, this particular combination brings to mind the Jackson Brown song, The Pretender. You remember that one?

Burda:

Oh yeah.

Johnson:

Yeah. Yeah. Anyway, the chorus for that one is, "Are you there, say a prayer for the pretender who started out so young and strong only to surrender?" And I gotta say, <laugh> you know, reading through this stuff, this feels like a white flag moment for the AHA. Disruption, the AI avalanche is already falling from the top of the mountain. Most of the AHA's members are still square dancing down below, but hey, now they'll have a digital hub to transform operations and strategy, right? I would add a fourth category to the three you just gave me, which is it's not gonna make a difference. By the way, it's only \$12 million over three years, \$4 million a year, you know, to transform the industry to have a digital hub and so on. The AHA's annual expenditures are 170 million. They're heavily vested in the status quo and can't think beyond the most incremental of changes in terms of transforming the system. So stack up that four million a year for this transformative initiative against

how much time, energy and money they're spending, for example, to keep 340B in place or to fend off demands for site neutral payment or to resist, attempts to reform Medicaid match formularies. You know, pick your metaphor, form over substance, all sizzle, no steak, all hat, no ranch. Of course my favorite is MAFA, the one I always use, MAFA. It stands for mistaking articulation for accomplishment. One other point I'm gonna make, either of you know the name Greg Lucier? Probably not.

Burda:

I do not.

Johnson:

So he's the CEO- ...

Murchinson:

Yeah, he used to run Illumina?

Johnson:

Yeah. He's the CEO of CorzaHell and he was one of Jack Welch's direct reports and under serious consideration to replace Jack Welch when he stepped down as GE CEO. And I was at the Cain Brothers, , Health Tech Life Sciences Conference in Aspen last year, CEO conference, and Greg was there, and he and I were talking, and our conversation moved into the sort of natural tension between vision and execution, and we were on it for a while. And I finally asked him, I said, "Well, Greg, which one's more important, vision or execution?" And I, I don't think I've ever seen this before. He sat quietly for two minutes. , It was, it was a long time. I mean, two minutes of silence is, , a long time, but I could tell he was really thinking, , and he came back and his response was, "You don't get to have a vision unless you can execute," which I thought was one of the most brilliant things I'd, I'd ever heard. And the, the trouble with healthcare, and this is a paramount example of it, is, , too

much vision and not enough execution. , No one's counting on the AHA to ride to the rescue of the industry to transform its practices. In Terry Shaw's words, , no one's expecting the AHA to own it. , So you can take this press release and add it to the mountains of other well-intentioned, ineffective initiatives and, , you know, move on to something else. , But I, I, I can't leave my remarks without going back to Jackson Prown and the pretender, , , because you really wanted my prayer. So the last three lines of that song are say a prayer for the pretender, oh, are you there for the pretender? And finally, are you prepared for the pretender? Are we prepared for the pretenders in healthcare?

Burda:

Wow. That's good, Dave. That's good. Thank you. <Laugh> , Julie, any questions for Dave?

Murchinson:

I don't know if that's heavy or fun, but okay. <Laugh> Seems feeling heavy today.

Burda:

It's deep. It's deep.

Murchinson:

It's deep, yeah. <Laugh> , Dave, so let's talk about our favorite topic. <Laugh> Epic.

Johnson:

Oh, boy.

Murchinson:

None of these articles mentioned Epic. So what do you make of that, that AHA is doing something in an industry that is dominated by one player? <Laugh>

Johnson:

Well, that probably tells you how important, , Epic sees this initiative, right? although in, in fair, I didn't read everything, but I didn't see any other companies mentioned in the things I read. True, true. , And, and the AHA did say as its first area of focus, , it was going to be on EHR optimization. I, I, my guess, Julia, is Epic would, would support this. , They have a, you know, vested interest, substantial vested interest in preserving the status quo, , where they've been remarkably successful. , And let's get back now to the scale absurdity of all of this. , It's hundreds of millions of dollars, as you know, to do an Epic installation at a, at a large health system, takes years, , hundreds of people, both from Epic and from the health system.

And here we have this little, you know, \$4 million a year for three years digital hub that's, you know, gonna help every hospital in the country, , figure out how to optimize its EHRs. <Laugh> It's, it's all, all kind of , silly in a way. But my guess is if, if AHA went to Epic they'd match the West Foundation, so it could be \$8 million a year instead of \$4 million a year. <Laugh> Do I sound cynical or what? <Laugh> I mean, you know.

Burda:

Thanks, Dave. Now, Julie, you play in this world. , Is this the right role for a trade association? , How is this gonna affect venture capital investment on one side and health tech companies on the other?

Murchinson:

Oh, you know, you're gonna hear, like, both sides of my brain and opinion on this, but on paper, this looks great. AHA and WestHealth are launching a national accelerator to scale proven tech. Just to be honest

about the power dynamics here, I, I'm not sure <laugh> it makes much of a difference. I mean, okay, so they are the dominant hospital trade group, so they're gonna curate, proven, ready to deploy solutions and show you how to roll them out. , You know, I, I think, , this is kind of an example of, , these trade organizations trying to add value beyond lobbying, and this is certainly one way to do that. , But it, you know, I don't think it's really market shaping. And maybe if you're one of the, an, you're a vendor in one of the anointed areas, you are one of the anointed vendors, you get a quasi-official distribution channel, which I actually think could be quite positive for those vendors who are anointed, assuming that's really how it rolls or not. But I don't think it's gonna turn out exactly like that. And I don't, also don't think it's gonna put a bunch of vendors behind the eight ball, but I do think these things have the power to, , you know, be added information, added confidence. You're gonna see health systems join partly to, to learn, you know, and partly out of FOMO, basically, so they don't feel left out of what others are doing, , and these kinds of collaborators and accelerators and contributing their thoughts. But, , I'm not convinced it's gonna change the paradigm, really. , And the more important question for health system is, like, what is your own aspiration and strategy and how does an initiative like this help achieve that instead of health systems joining this to figure out what is their EHR optimization strategy in here? So the only other thing I'll say besides that is, like, you know, for investors like us, I, I don't suspect it's gonna have any kind of chilling effect in the way that, you know, Epic can, just to put it out there. And, you know, if you're a tech founder, this, you know, it's either ... I don't know. I just, I don't think it's that, that big a thing. It's not, it's not that big a risk, but it could be, it could be positive for them.

Burda:

Yeah, I guess if you're not all over these three focus areas by now, you're in a lot of trouble, right? <Laugh> Yeah.

Murchinson:

Yeah. And by the way, one more thing, like, I worry about this concept that some of these organizations come up with around ROI. Like, how are they really defining that when there's a lot of things that provide our, like, you know, that result in amazing ROI today, but the calculation is wrong because it's looking at the wrong timeframe, the wrong, like, systemic change that needs to happen. So, sometimes these things can be noise that actually creates bigger problems that slow the industry down. So I worry about things like that.

Burda:

Yeah. Interesting. Thanks, Julie. Dave, any questions for Julie?

Johnson:

Can you point to even a single digital initiative undertaken by an association that has generated incremental value to the healthcare system writ large? I hope you can because, I'll be surprised if you can, but I hope you can. But if you can, what was it and what did it do?

Murchinson:

Yeah. So first of all, I'm just gonna caveat that I'm not an expert here, so just because I have some thoughts here doesn't mean that I know anything about all the initiatives that have gone on over the last 10 to 20 years...

Johnson:

Noted. Noted.

Murchinson:

Thank you. Thank you. <Laugh> I will say that when I was working more closely with AVIA, AHA did a deal with AVIA, which I look at as, like, the precursor to this, which is let's give AHA hospitals exposure

to all the incredible research and activity that AVIA's been doing in digital health for years. You know, that wasn't anointing or, like, really providing some sort of hurdle and channel, but, it certainly was a precursor to, like, helping educate hospitals. So was that helpful? Sure. I mean, I'll say that that's probably net positive for the industry. The only other thing I can say that I can think about, and I don't know why these are both AHA things, so maybe in some ways, like, AHA's been one of the more progressive, you know, organizations in this way, because they have the two things I can think of are AHA.

Burda:

To me, hospital associations are just like any trade association. You know, they operate solely for the economic benefit of their members, if not themselves. So I think, you know, somehow, some way, there's gonna be some strings attached and that's not gonna be good for innovation. So we'll see how it plays out. Now let's talk about other big healthcare news that happened this week. Julie, what else happened that we should know about?

Murchinson:

Well, I'm sure we've all seen the Supreme Court decision to temporarily restore access to the abortion medication by mail this week, so... You know, I don't know. A lot of us should be dancing. That's all I'm saying.

Burda:

Yeah. <laugh> Yeah. So let's hope it holds. That's great. Thanks, Julie. Dave, what's your big healthcare news of the week?

Johnson:

Well, I've got two quick ones. And the first, I just heard this statistic, which is that there are more private equity firms in North America than there are in McDonald's restaurants by a big number <laugh> 19,000 to

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14,000. And I just find that statistic interesting. And then <laugh> the second is, Michael Chernow just finished up his six-year term as the head of MedPAC last week. And, you know, I love the work Mike does. So shout out to him for his time, energy, and service to trying to help make the healthcare system work better.

Burda:

Medicare Advantage lobbyists are trying to kill MedPAC off. So we'll see what happens with that. Thanks, Dave. And thanks, 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 Podcasts, 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.