

4sight Health Roundup Podcast
Restoring Trust in Science, Medicine and Public Health
7/2/26

[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, July 2nd. We'll be celebrating the 250th birthday of the United States in two days. Blow out the candles and make a wish. I know what I'm wishing for, but I can't tell you what it is. You know, if you tell somebody your wish, it won't come true. A lot of people are wishing we had more trust in our healthcare system and there's your transition. We're gonna talk about trust in healthcare with Dave Johnson, founder and CEO of 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, our coffee maker broke this morning, which is a tragedy <laugh>, but we had a spare, so all is well. But like Julie mentioned last week, I am completely riding the World Cup high right now. I mean, how about the US men's team last night, playing for almost 40 minutes, one player down, gutting out a two-zero victory over Bosnia-Herzegovina and actually increasing its lead from one nil to two nil during that time. I'm just incredible.

Burda:

Thanks, Dave. Julie, how are you?

Julie Murchinson:

Yeah, Dave stole my thunder. I'm still riding high. I'm definitely missing the tartan army. They were my favorite, but - <laugh>... The fever is strong.

Burda:

Yeah. Yeah. Nothing like a shorthanded goal, right, to, to really. Yeah. Jack people up. That, that's great. Okay, before we talk about restoring trust in our healthcare system, let's talk about your 4th of July plans. Dave, are you doing anything special to celebrate our 250th birthday?

Johnson:

Well, I'm wearing my 'life is good/home of the brave' T-shirt and probably won't take it off until Sunday, because we'll be unpacking boxes. You know, I had a much more interesting bicentennial.... So 1976 I was teaching English at Berlitz language schools in Sao Paulo, Brazil; and I baked five apple pies and brought them along with ice cream into the school and celebrated the bicentennial with my fellow teachers and the students that were around that day. They loved it.

Burda:

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Yeah. Apple pie, man. Nothing's more American than that, right? That's great. Julie, how about you? Any extra red, white, and blue this weekend?

Murchinson:

Well, this is not quite Dave's wholesome apple pie, but, you know, back in the day when I was young and fun, we used to make a Jell-O mold for 4th of July, which wasn't on the exactly up-and-ap. And I just found the Jell-O mold, so we're gonna make, you know, not spiked Jell-O this year.

Johnson:

<laughs> What was in that Jell-O mold? That's what I want to know.

Murchinson:

Oh, that's a secret. <Laugh> That's that's a secret.

Burda:

Yeah, they'll call the MAHA cops on you to figure out how you got the blue and the red in there, right?

Murchinson:

<Laugh> That's true. That might still be an issue. <Laugh>

Burda:

Yeah. Well, I've got some old fireworks somewhere in my basement and, I'm gonna try to find those and see if they still work and let's see if I kept my powder dry for the occasion, you know? What's the worst that can happen, right? Well, one of the worst things that's happened to healthcare is a growing lack of trust. Consumers don't trust the system, segments of the industry don't trust each other, and no one trusts the government. You know, how can we get that back? Well, a new perspective published in the Journal of the American Medical Association takes a crack at it. Physician Victor Xiao, president of the National Academy of Medicine, formerly the Institute of Medicine, and two other academy leaders wrote the perspective. It's called Whole System Trust in Science, Medicine, and Public Health. They said trust or the lack of it is the byproduct of a complex adaptive system rather than one single component of that system. To restore trust, we need a systems-based approach that falls on all of the institutions and individuals in that system, not just on one player. They identified five domains of trust, trusted information, trust in science, community trust, trust in healthcare, and trust in technology, they identified a series of trust breakers to avoid and a series of trust builders to pursue. For example, they called the fast pace of innovation a trust breaker, think artificial intelligence, and they called respect and inclusion a trust builder. You know, think DEI. It ends with this quote. "By Addressing trust breakers, investing in trust builders and aligning actions across domains, collective action toward whole system trust can serve as a practical foundation for improved health outcomes, greater resilience, and more equitable participation

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in the benefits of science, medicine, and public health. I think it was the famous philosopher, Wayne Campbell, who said, "Yeah, and monkeys might fly out of my butt." I don't think I'll be an academy member anytime soon, but Dave Johnson might. Dave, what do you think of these trust domains, trust breakers and trust builders? What do you think of this path forward to rebuild trust in healthcare? And if you could do one thing to rebuild that trust, what would it be?

Johnson:
Well, small questions.

Burda:
Yeah, piece of cake. Yeah.

Johnson:
First, Dr. Xao is clearly a card carrying healthcare revolutionary. He belongs in the 4sight Health Hall of Fame for his career, and what he's saying in terms of how we fix the system. So before digging into his trust builders and breakers framework, let's take a moment just to acknowledge and honor him and see where he's coming from. He's an acclaimed medical researcher. He was Chancellor of Health Affairs at Duke. He was CEO of Duke University Medical Center. He was president of the National Academy of Medicine. In 2010, he led a pathbreaking initiative to take medical research from the bench to the bedside to population health. Bench to bedside had been around for a long time. He's been very involved globally before, during, and after COVID with the WHO and World Bank calling for more equitable health policies and distribution of vaccines. He's earned the right to critique the current system and recommend the framework for fixing it. And at the personal level, he was born in Shanghai, China in 1945, just as the communists were taking over. He and his family fled five years later as refugees to Hong Kong. He ultimately emigrated to Canada to attend medical school at McGill and came to the United States, for his medical residency at Harvard. So I'd say he's about seen it all and also proven, like they say in the play Hamilton, immigrants get the job done. But let's talk about his framework because I think he nails this. I mean, just nails it, that he sees healthcare as a complex adaptive system. So all the parts have to function together and when working with complex adaptive systems, we know, it takes a systemic, not an incremental approach to getting them to improve. So I've experienced this the last, I don't know, two and a half years and I've, I've mentioned it before, but I've been serving on a task force called the Safety Net Moonshot Initiative, looking at the collapse of the safety net system on the south and west sides of Chicago. And we've had a task force with representation broadly from the safety net community. So everything from hospitals to nursing homes to behavioral health agencies to physical therapists to nurses to government officials. Anyway, broad representation, community groups. And what just struck me as we went through these, meetings and worked toward a solution is how almost every piece of this system thought individually and incrementally about how to improve the system, you know, improve behavioral health by increasing reimbursement by 10%. Very difficult for people embedded within a broken system

to see the big picture; and where we ultimately landed and we think we got about a 50% chance of actually getting this into effect is closing sequentially all nine of the existing safety net hospitals, replacing them with a couple of new, smaller, more adaptable hospitals and then flooding the communities with clinics, one electronic health record and so on; basically building a community health network that meets the needs of the people on the south and west sides today, not trying to incrementally improve a, you know, broken system that has as its foundation, buildings that are 50 years old, need massive investment, and are delivering poor quality care. So we got there, we'll see whether we can get it over the finish line or not, but I think this is the type of systemic approach Dr. Xiao is discussing and really transformation can only move at the speed of trust. So we took two and a half years in this Chicago initiative to engage constituents at the ground level, hear out their concerns, address them, and so on while putting together this plan that essentially is gonna change everything in terms of the healthcare delivery system on the south and west sides of Chicago. So I think this idea of, you know, how do you build trust and how do you break trust and, doing more of the former and hopefully less and ultimately none of the latter is exactly right. I think as you both know, I'm a big fan of the anthropologist writer, Yona Noah Harari, wrote the book Sapiens. And his core thesis is that what has separated homo sapiens from other higher order mammals throughout the course of history has been the ability to work constructively with strangers. That's why we have such big brains, right, to process all the social cues and ultimately to figure out who to trust and who not to trust. So, I don't think there's any one thing I could recommend, Dave, like you asked, but. I don't think we have a choice as a society, as an industry, but to follow a program like the one that Dr. Xiao has laid out that is expansive, comprehensive, and builds trust by working on all of the parts of the system constructively together. And I really, and it's where I'm gonna end, I really like, I mean, really like that he includes population health in his equation.

Burda:

Transformation moves at the speed of trust. That's a T-shirt.

Murchinson:

If you're a healthcare nerd, yeah.

Burda:

Right. If you're a healthcare nerd. I'd wear it, I'd wear it. <Laugh> Thanks, Dave. Julie, any questions for Dave?

Murchinson:

Well, Dave, first of all, this is gonna be a fun show because I don't agree with you, so this is gonna be great. But - <laugh>... I can remember talking about easy fixes to these big problems over the years. We've talked about, gosh, can't we just standardize things that eliminate friction and publish more information publicly that people can rely on and write in more plain language, right? But do you have a favorite kind of easy button way for rebuilding trust? <Laugh>

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Johnson:

Yeah. How have all those easy buttons worked, , Julie? -

Murchinson:

Yeah, really well. <Laugh>

Johnson:

By the way, do I get a helpline? Can I call Jan Berger and ask for her advice? <Laugh> Seriously. <Laugh> She's on hold. Jan, where are you? Please help. You know, this is not an easy button answer and it probably will never happen, but I honestly believe; and I haven't thought this through other than, man, I gotta answer Julie's question this morning, but, I honestly believe we need the equivalent of a truth and reconciliation committee in healthcare, like they did in South Africa to address the history of violence and abuse and mistreatment and so on. And maybe it's led by the Surgeon General, but we need to acknowledge the harm that the industry has created. We need to do that in public and thoughtful ways. We need to give victims the opportunity to testify about their experiences, the harm they've received from the healthcare system and we need to stop pretending that these institutions put people first. So in the spirit of how do we build trust? You know, let's go to the place where it was broken most fundamentally, South Africa and see how they responded, which I thought was just this side of remarkable and see if we can figure out a similar path.

Burda:

Yeah. You need a surgeon general you can trust, right? When I think of that, I think C. Everett Coop and... Yeah, we need somebody like that.

Johnson:

Certainly. And he was great on the anti-smoking initiative. I also think Biden's Surgeon General Vivek Murthy was incredibly powerful in making the broader society know about the corrosive effects of loneliness and the steps we could take to address it. It's that type of leadership we need.

Burda:

All right, Julie, you're up. You bring up trust more than anyone else on this show. What do the authors get right and wrong in their whole system trust framework and if you could do one thing to restore trust in healthcare, what would it be?

Murchinson:

Well, Dave and I agree guess, I guess, on half of this. I think half of this is genuinely right. If you work in this industry, by the way, everybody should read this. You should read this and read it the way you'd read a strategy deck. Like his diagnosis is really strong. Dave, I completely agree with you, but I kind of feel like his solution's a little, it's not Pollyannish, it's just -

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Johnson:

Theoretical. It's definitely theoretical.

Murchinson:

It's kind of undercapitalist. I don't know. So, you know, the diagnosis he borrows from, to err as human to stop treating all this failure as individual and model it as more systemic makes just so much sense, right? We're not gonna be able to shame our way out of this structural problem and, you know, they're really honest about the history for where he comes from, right? Like for an elite institution like this, he's talking about the coercive sterilization and Henry Elax and exclusion from clinical research and all the things that have created this, you know, lack of trust. So I was very impressed by that to be honest. But here's the analysis that made me kind of question this. So he said 85% of adults still trust their own physician. Okay, great. NIH sits at 66 and CDC 60, 61. That gap is the whole story, right? The relational, you know, way that we connect with healthcare, this, the fee of, fee for service thing is still intact, but what's broken is everything upstream of that and all the institutions kind of upstream of that, the payer, prior auth, the network, et cetera. And that's still that trust gap is where, I mean, <laugh> I see a lot of this every day, right, we all do the revenue model where payers and providers are profiting, fighting, climb back, all these things. And the patients are the ones who are absorbing the friction and frankly, the stress of that cost. So I don't know. The diagnosis is so right, but here's where it breaks. After diagnosing a trust crisis that's caused by institutions, his fix is a neutral body to coordinate the institutions. So the solution to institutional distrust is just more institution, which, Dave, maybe you and I just read it differently, but I didn't love that. I think it kind of barely touches the economics, all the things, surprise bills, the seven minute visits, you know, ER closings, all that, that gets one sentence when it's arguably kind of the biggest thing that's driving distrust for everyone. So - They're kind of treating the cost structure problem like a comms problem and I don't quite think that's right and there's no accountability anywhere, right? So it just doesn't have a lot of teeth. And I think at this point we kind of need teeth because I think people feel like there are bad actors, whether they are bad actors or not, because I think a lot of us see the business as just functioning as it's designed, but it's the, it's the bad acting that people are reacting to. So I don't know, I guess it seemed a little bit fluffy. So if I had one lever to pull, we've talked about this one ad nauseam I feel like it's like beating a dead horse, but it would be transparency. Like full stop, tie to payment, not just disclosure, you know, all the things that make transparency really work and we wire that into, you know, network contracts and star ratings and, you know, everything and make it as structural as possible so that we can make sure that people are working with all the information that they could have access to that's easily accessible and workable in the way that they need to have that information for themselves as people and not just for the businesses. I think that obviously would make a big difference.

Burda:

Your point about patients being the victim between payers and providers, I remember my mom freaking out when her Medicare Advantage plan said she may lose her coverage unless they

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enter into a contract with her health system and she needed to call the health system to complain, right? I mean, that's not her job, you know? No.

Johnson:

If she, if she were still here, Dave, we could call her to testify for the Healthcare Truth and Reconciliation Commission.

Burda:

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

Johnson:

I'm hoping to keep my streak of asking you what you think are very difficult questions, so - <laugh>... Happy 4th of July.

Murchinson:

Great.

Burda:

<Laugh> I'm just gonna lean back now.

Johnson:

<Laugh> So trust, trust takes a long time to develop and can erode in an instant and this actually kinda gets to what you were saying at the end of your response. Healthcare Inc's inherent hypocrisy of saying it's acting virtually when it's actually engaging in self-serving enrichment, think of the surprise billing legislation as one of an almost endless list of examples. Can the healthcare system regain the trust of the American people without the type of systemic transformation that Victor X ao is suggesting? Is incrementalism even worth trying anymore?

Murchinson:

It's such a good question. You know, part of me, of course, feels like the system is redesigning itself in front of our eyes and many people don't even realize it, certainly those running larger institutions. But at the same time, there's so much that could be done in the way you would call incrementally with this system. And even when I think about transparency, like what I was just saying and how it can be tied to really actionable things and usable, useful and workable, a lot of that would help people feel like they're back in control and, you know, more than just, like, putting a bunch of numbers on a webpage, which is kind of where Anish Chopra started, you know, years ago by liberating data. Like, we could restore trust by helping people use information in ways that, you know, help them. So I still think there's a lot of incremental steps that could be super useful and will be actually part of the underpinning of how the future system works, but I think it's this wholesale move towards new and different models of, you know, kind of getting care and upstream and preventative and longevity and the like that's actually shifting how we think about healthcare.

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Burda:

Yeah. A lot's moving in the right direction, that's for sure. But you know, I see, you know, one step forward, two steps back. You guys probably saw this, but the Texas Board of Education just approved a requirement that public schools teach Bible passages to students K through 12 along with classic literature, right? So, we've got to stop going -

Johnson:

Well, the world was created in, the world was created in seven days, so. <Laugh>

Burda:

Well, I'll just say this, and Dave, I think you found this out recently that birds are dinosaurs, right? It's science science-based evolution kids. Deal with that first, right? Now let's talk about other big healthcare news that happened this week. Julie, what else happened that we should know about?

Murchinson:

Well, similar to the speed of innovation that we're seeing in AI, I think the speed of innovation that we're seeing in GLP-1s is massive. You probably saw that Oz, , announced that Medicare is gonna make GLP-1s available, , under a pilot for about 50 bucks a month for people who are eligible. That's, we're, you know, depending upon where this goes, it's gonna be pretty powerful.

Burda:

Yeah. Yeah. I just saw a Trillion Health report that said the number one medical condition that they're being prescribed for now is sleep apnea.

Murchinson:

Really?

Burda:

Yeah. Yeah.

Murchinson:

Wow.

Burda:

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

Johnson:

Well, I feel like we've been really negative on this show, so I wanna do a couple of positive things. <Laugh> The NIH announced the largest integrated health database ever. The All of Us

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program, has almost 750,000 contributors of genome data, including me; will give researchers unmatched power to study both disease and treatments. So kudos to the NIH. Let's build some institutional trust. And the second one, and I think this will be very close to Transformation Capital and Julie's hearts, is Sword Health has signed a contract with Portugal's National Health Service to provide AI supported physical therapy to everyone in the country. If that's not a model we can build on what is?

Burda:

Wow. Wow. That's one to follow. That's for sure. 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 Podcast, at 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.