CareAsOne

Virtual Summit 2020

Over the last three days, innovators, healthcare leaders, executives, and tech experts gathered virtually to reflect and strategize on healthcare's digital age and to discuss the implications of COVID-19 for the future of the industry. The inaugural CareAsOne Summit focused on the theme **Health 2030: The Digital Future of Health Care** and included nearly twenty sessions featuring major industry leaders who explored the "new normal' for healthcare policy and strategy. As a partner for the event, the Accountable Care Learning Collaborative sees the CareAsOne virtual summit, and other like forums that share cross-industry insights, as key to accelerating the transition to a digitally-enabled, value-based health system.

This brief summarizes each session from the multi-day conference, including the speakers, topics, and highlights from the discussion.

Contents

Monday, November 16th

Exploration of Healthcare Disruption

PANELIST:
Glen Tullman, Founder and Executive of Livongo
MODERATOR:
Nagraj Kashyap, VP Microsoft Venture Fund

Kicking off the event, Livongo founder Glen Tullman described the company's impressive impact on chronic disease management as a basis for a broader discussion around industry disruption, moderated by Nagraj Kashyap. Livongo is a platform that helps those with chronic diseases, particularly type II diabetes, to better manage their conditions through data-driven decision support and patient "nudges" to take action. The driving question behind the high-touch business model is "how do we change the patient experience to be less confusing and complex?" The platform has been the cause of much industry disruption. Members were offered free blood glucose test strips, which threatened suppliers of these strips. In fact, some companies stated they would raise members' prices if they used Livongo. Despite these challenges, Livongo has seen great success, with an IPO, SEO, convertible offering, and the largest merger in commercial digital health history occurring in less than twelve months. The merger with Teledoc has allowed Livongo to help their members with other health concerns outside of chronic disease.

When asked about his decision to expand from diabetic members to other disease states, Tullman explained the importance of first understanding a company's core offering before expanding. He attributes their ability to grow to the trusting relationships held with members and clients. Tullman believes that the next step for innovating in and disrupting the healthcare industry is through electronic health records (EHRs). In their beginning, EHRs were a major area of innovation, but that has since slowed. Tullman believes that the future of the company will include interoperability, greater data analysis (possibly conducted by third parties), aggregation and standardization of data. He believes it is essential that patients see their health data from different sources all at once.

Tullman has several pieces of advice for companies seeking to disrupt. He believes that in any industry, but particularly health care, data privacy is a huge concern and therefore recommends organizations overspend on data security. According to Tullman, one of the surest ways to bring down a company is through a data breach. Additionally, he believes that the best way to retain customers is to create products and experiences that they love. This should be done in healthcare just as it's being done in other consumer service industries, and it is what he is striving to do with Livongo.

Health System Model for Tomorrow

PANELISTS:
Deanna Larson: CEO Avera eCare, SVP Avera Health
Dr. Shaun Anand: President BayCare Physician Partners
MODERATOR:
Arundhati Parmar, VP MedCity News

This session's discussion centered around the effects of the COVID-19 pandemic on health systems and how these systems are adapting for the future. Among other investments to sustainably adapt, health systems are focusing on optimizing telemedicine and other digital health tools. According to BayCare Physician Partners President Dr. Shaun Anand, regulators should permanently extend the waivers of restrictions on telemedicine reimbursement beyond the Public Health Emergency (PHE), or else significant efforts to develop these systems and workflow integrations will not be worth the investment for health systems. Deanna Larson, CEO of Avera eCare and SVP of Avera Health, agreed that the future of telemedicine has major budget implications. Large systems may have difficulty adapting to these virtual systems of care and may need to make their budgeting process more flexible in order to shift. Patient satisfaction rates

remain as high as 80-90% with telemedicine, and more patients have access to care, particularly in rural areas. Telemedicine also helps health systems to better understand and address social determinants of health (SDOH), as physicians can see the environment inside patients' homes. This is both good for the patient as well as the health system as outcomes are improved.

During the session, Dr. Anand also addressed the future of value in health systems. He stated that health systems have more flexibility to help patients in creative ways, such as delivering a medically tailored meal, when the system is financially at-risk for their health. He believes health plans, employers, and the government will push health systems toward value-based payment models in which providers assume responsibility for population health. When asked about concierge medicine, both panelists see it is a positive movement for the industry. They both define concierge medicine as healthcare individualized to the patient. Dr. Anand stated that health systems will be most successful if they view concierge medicine as something that should be accessed by everyone, not only the elite.

Lastly, Larson stressed the importance of broader community health. SDOH and disparities in access are major issues and she believes that the federal government should be doing more to assist community organizations that are working to increase access to care. Investments in telehealth and other virtual access points to health and social services can also play an important role in community health outside of the traditional medical system.

Embracing the Future of Health Technology

PANELISTS:
BJ Moore, Executive VP and CIO Providence St. Joseph's
Eric Yablonka, CIO and Associate Dean Stanford Health Care and School of Medicine
MODERATOR:
Deepak Goyal, Partner at PwC

This discussion centered around the future of health technology and highlighted the expertise of BJ Moore, Executive VP and CIO of Providence St. Joseph's, and Eric Yablonka, CIO and Associate Dean of Stanford Health Care and School of Medicine. Healthcare IT (HIT) is a critical component in solving the most important issues in the industry and the adoption of digital health solutions and data strategies have been greatly accelerated by the COVID-19 pandemic. Deepak Goyal, the discussion moderator, began by sharing findings from studies on digital health consumerism demonstrating that digital health production was on a downturn in 2018 before the pandemic hit, but COVID caused a huge spike in use cases and adoption. Companies will be challenged as they work to continue to maintain and build upon this trend following the crisis. While COVID-19 has been a major catalyst for investment in healthcare technology, Moore shared that companies should start thinking through other drivers that aren't as big as COVID (e.g., ACA, government regulation, rise in consumerism, etc.) and strive to proactively leverage these forces to motivate adoption and install change.

Due to emerging technological advancements and a growing market demand, there are many new artificial intelligence (AI)-focused and health tech startups in the industry looking to sell their products. Moore explained that he navigates this world of digital health solutions by relying on the big players that Providence St. Joseph's has historically used such as Microsoft and Epic. He called these companies 'the building blocks of his strategy' that are used in areas where the health system is not looking to innovate. When considering new technology, Moore is most interested in true strategic differentiators. Yablonka shared that he uses this same approach and makes decisions that best fit the Stanford's architecture.

Both panelists explained that while designing an implementation strategy for a new technology, teams should emphasize the impact on patient and consumer experience. However, Yablonka noted that a patient's experience is also greatly influenced by their own care team's experience with the new technology. Overinvesting on the patient side without addressing clinical workflow integration and user

experience will exacerbate physician burnout. Solutions should be made seamless for the caregivers so they will be better enabled to focus on providing patient care, which will guarantee an improved patient experience.

Driving Disruption in the Systems of Care

PANELIST:
Alisha Fehrenbacher, CEO of ElevateHealth
MODERATOR:
Kanav Hasija, Co-founder and Chief Customer Officer of Innovaccer

This discussion of driving disruption in the systems of care highlighted the expertise of Alisha Fehrenbacher, CEO of Elevate Health and Chair of the OnePierce, Community Resiliency Fund. Moderated by Kanav Hasija, Co-founder and Chief Customer Officer at Innovaccer Inc., the discussion examined the efforts and successes of Elevate Health in creating a world-class care management system to address the clinical and non-clinical needs of its population. Fehrenbacher began her endeavors to disrupt traditional systems of care following her personal challenges in navigating the healthcare landscape as a single mother with a child in need of specialized treatments. She recognized the rampant miscommunication and lack of care coordination and set out to incorporate communities into care delivery models.

Fehrenbacher underscored the great need for integrated data in transforming systems of care to incorporate social determinants of health (SDOH) and other community factors. With broken silos of information stored in inaccessible locations or not recorded at all, stakeholders lack the ability to improve health for patient populations. Fehrenbacher emphasized the necessity of gathering the whole picture for patients and shared her equation of improving health equity through concentrated efforts on population health, public health, and SDOH to ultimately improve community health. She further explained that partnerships are the key driver of successful disruption efforts, citing how neutral tables owned by the community that represent the collective knowledge and fears of the community are essential to successful programs.

The session continued with a discussion centered on successful interventions made by Elevate Health. Fehrenbacher shared the efforts currently underway to build a care network that utilizes data to assist patients in making informed decisions and promotes greater investment in underserved areas in the community. She also highlighted the organization's development of a pathways community hub that began with assisting pregnant mothers by providing the proper necessities for newborns based on the SDOH needs of the family. Challenges remain to align incentives with payers and other stakeholders, but Fehrenbacher is confident that community health efforts produce significant improvements to patient health and overall wellbeing, and will ultimately reduce system costs.

Payers in the Digital Age

PANELISTS:
Patrick Conway, MD, CEO of Care Solutions at Optum, United Health Group
Charles DeShazer, MD, CMO at Highmark
MODERATOR:
Beth Bierbower, Strategic Advisor and Host at 8-Time Podcast

As healthcare shifts to become increasingly digital, payers have an important role in not only facilitating this transition but leading it. In this session, panelists discussed successes and challenges of payer-led digital health innovations, the impact of COVID-19 on payer priorities, and improving relationships between payers and providers.

Highmark's Charles DeSchazer described how healthcare's digital transformation must go hand-in-hand with value-based payment and delivery transformation. Combining claims data from payers with the rich clinical data collected by providers enables both parties to get a more holistic view of patients, allowing

better risk assessment, clinical decision-making support, and proactive care management. Data sharing can also help build trust between payers and providers, a relationship which has historically been fraught. Value-based care puts both parties on the same side of the equation and allows the use of digital tools to be mutually beneficial.

While healthcare has been steadily changing to incorporate more digital elements, COVID-19 increased the urgency of this transition, as well as the transition to value. Payers should support this transition by establishing parity for telemedicine reimbursement, supplying cost-sharing support for members accessing telehealth, and adapting systems to supply members with more real-time information about their health.

Dr. DeSchazer also urged policymakers not to underestimate the challenges faced by the market when adapting old systems to comply with the new interoperability rules or to disperse reimbursements based on value rather than claims. While current technology has far surpassed the capabilities of the past, updating legacy systems is not simple. Beyond updating systems, clinicians and patients need education to properly utilize new innovations.

Beyond Compassion: Integrating Financial Health into Patient Care

PANELISTS:
Jennifer Tescher, President and CEO at Financial Health Network
Cheryl Rucker-Whitaker, MD, FA, President at Institute of Medicine Chicago
MODERATOR:
Adrienne White-Faines, VP of Market Lead Healthcare at Financial Health Network

Wealth equity and health equity are intrinsically linked. Health equity, according to Cheryl Rucker-Whitaker from the Institute of Medicine Chicago, describes a person's opportunity to live a healthy lifestyle and encompasses their environment, access to care, and social support system. Wealth equity, as defined by Financial Health CEO Jennifer Tescher, is the ability to both weather financial shocks as well as take advantage of and create opportunities. This session explored the ways in which wealth and health are connected and how healthcare providers can better address the financial needs of their patients.

Lack of financial stability can impact health directly when patients are unable to afford the treatment or medication prescribed to them and through the mental and physical toll the cycle of stress can take on individuals and families. Further, income often defines other important aspects of a person's life, including the safety of their environment, access to healthy food, proximity to outdoor areas for exercise, and the availability of supportive resources. The reverse is also true, medical debt can prevent patients from being eligible for certain loans, though many lenders have begun to exclude medical expenses from credit consideration. If healthcare providers fail to consider patients' financial needs, efforts to improve their health will be fruitless.

Dr. Whitaker explained how clinicians can begin to address patients' financial health in the exam room, by screening for vulnerabilities and helping to connect patients with community resources using tools like NowPow, Aunt Bertha, or Innovaccer's SDOH platform. While financial education can also be beneficial, Tescher reminded attendees that those with the least money often manage it skillfully, but need support when there is a mismatch between when money comes in and when bills are due, an issue prime for digital support.

Looking forward, Dr. Whitaker recommends implicit bias training for healthcare providers and more discerning investment of public dollars, stating, "if we keep funding the same things, we'll keep getting the same outcomes." Tescher, on the other hand, will be exploring how to help employers support the financial health of their employees – health insurance, retirement, and income are all tied to employers making financial management a natural fit.

Tuesday, November 17th

Health Policy Perspectives

PANELIST:
Kavita K. Patel, MD, MSHS, nonresident Fellow, Brookings Institution
MODERATOR:
Mary McDevitt, Chief of Staff to the CEO, Head of Communications, Innovaccer

This panel highlighted Kavita K. Patel, a nonresident fellow at the Brookings Institution and nationally renowned health policy expert who served as the Director of Policy for President Obama. Mary McDevitt, the Chief of Staff and Head of Communications at Innovaccer, moderated a discussion on the ways in which healthcare policymakers are preparing for changes at a systemic level to enhance the quality and cost of care delivery, calling out recent health policy trends focused on overall population health.

Many of the questions posed during this session centered around how policies will change under the Biden-Harris administration. Dr. Patel gave meaningful insight into the main actions she predicts that President-elect Biden will take using executive orders after coming into office, with most of the immediate actions focused on COVID-19 recovery and reversing alterations to the Affordable Care Act (ACA) made by the Trump administration. Dr. Patel believes it will be difficult to enforce a federal mask mandate but there is a possibility to enact a mandate for all federal workers. She predicts that the administration will place emphasis on data sharing between three main parties: The Centers for Medicare & Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), and the Federal Drug Administration (FDA). The Biden-Harris Task Force will likely focus on contact tracing strategies. Dr. Patel also predicts that states will most likely welcome increased federal help.

When asked for insight on how vaccine distribution may play out, Dr. Patel explained that it will be difficult to coordinate considering that the two leading vaccine candidates require different dosages, temperatures, and have complex supply chains. Additionally, there is relatively little infrastructure for this type of distribution. Most vaccines are typically administered to younger populations, but this is a unique case as healthcare workers and the elderly/higher-risk populations will be the first to receive COVID-19 vaccinations.

In regard to Medicare, Dr. Patel explained that President-elect Biden will likely focus on increasing COVID-19 coverage for beneficiaries, decreasing costs and emphasizing value-based care. Data integration and interoperability are essential to marry clinical data outcomes with revenue cycle information. Dr. Patel predicts a continued and even increased focus on transparency in data and with prices.

Lastly, Dr. Patel recommends that CEOs focus on understanding how virtual healthcare will impact their businesses and evaluating their level of preparedness for the next crisis. She also touched on the reputation of the CDC and how it has been impacted by political involvement and lack of funding and personnel. She predicted a return to the World Health Organization which she finds beneficial.

From the Ritz to Aramark: What Hospitals Can Learn from Hospitality and Vice Versa

PANELISTS:
Marc Bruno, COO of Aramark US Food and Facilities
Jonathan L. Gleason, MD, CQO & EVP at Jefferson Health
Gerard van Grinsven, former President and CEO of CTCA
Moderator:
Stephen Klasko, MD, MBA, President and CEO of Thomas Jefferson University and Jefferson Health

This session focused on the opportunities for the healthcare and hospitality industries to learn from one another, both generally and specifically regarding the COVID-19 pandemic. Dr. Stephen Klasko of Jefferson served as the moderator of the discussion involving Marc Bruno of Aramark, Dr. Jon Gleason of Jefferson Health and Gerard van Grinsven formerly of Cancer Treatment Centers of America. According to Dr. Klasko, "the key to healthcare is creating partnerships in ways we haven't before." By bringing retail, hospitality, and healthcare experts together, leaders can better understand and leverage cross-industry lessons in weathering this pandemic.

Dr. Gleason and Bruno started off the conversation by explaining the relationship between Thomas Jefferson University Hospital and Aramark, who came to an agreement in the early stages of the pandemic to help each other learn about how to protect employees, invest in personal protective equipment, create a culturally safe environment, and develop a platform known as eversafe.OS. Dr. Gleason explained that while academic medical centers do not have a reputation for being agile, the pandemic put them in a position to form this relationship with an unlikely, for-profit partner. Bruno explained that the relationship would have normally taken longer to develop and get a product off the ground but, due to the changing circumstances of the pandemic, both sides came to agreement on terms early on.

Grinsven shared insights around what hospitals could learn from the hospitality industry. After opening 26 Ritz-Carlton Hotels, he was able to take this expertise to a hospital in the Henry Ford Health System. There he taught the importance of treating patients like valued guests and providing the type of customer service they would seek outside of the healthcare industry. Grinsven did this by offering cooking classes, a greenhouse, and a wellness spa. Each of these were created after first spending six months visiting and "breaking bread" with families of different backgrounds in the community to learn about their cultures and healthcare expectations.

Digital Bridge to Value-Based Care

PANELISTS:
Ang Sun, VP of Enterprise Data Science and Cognitive AI at Humana
Raj Pallapothu, MD, Managing Director at Bio 9 Ventures
Justin Williams, CEO & Founder at Noteworth
MODERATOR:
David Nash, MD, MBA, Founding Dean Emeritus at the Jefferson College of Population Health

During this session, panelists discussed recent innovations in digital health, how technology can facilitate the transition to value-based care, expectations for the future, and challenges that could prevent the industry from realizing the full benefits of digitization.

Humana's Ang Sun discussed how the insurer has begun to use AI and natural language processing on calls with beneficiaries to identify social determinants of health (SDOH) needs that may not be captured by providers during visits. During the pandemic, this technology has been leveraged to connect socially isolated seniors with college students to help alleviate loneliness. Justin Williams, Founder and CEO of Noteworth, spoke to the ability of technology to reach a greater number of patients with fewer staff. Noteworth has used this to their advantage to closely monitor patients with chronic conditions and predict exacerbations before they require emergency attention. Dr. Raj Pallapothu, providing a global

perspective, has found that to be successful, digital health tools must meet the medical, behavioral, and social needs of individuals, and treat them like consumers not just patients.

When discussing challenges, panelists highlighted the importance of educating users, both clinicians and patients, to effectively utilize new technology. With the proper application and preparation, technology has the potential to alleviate stress from physicians and patients but can become cumbersome if practice and preparation are not prioritized. Williams pointed to the difficulty of fully committing to value when "one foot is in and one is out," though said the tighter coupling of health plans and providers being seen more frequently in the market will help to overcome this. Dr. Pallapothu reiterated the importance of focusing innovation on the end user and ensuring that culture, not just payment, is aligned between payers and providers.

Chasing the Quadruple Aim for Healthcare

PANELIST:
Jesse James, MD, MBA, Chief Medical Officer at CHESS Health Solutions
MODERATOR:
Kanav Hasija, Co-Founder and Chief Customer Officer at Innovaccer Inc.

During this session, Kanav Hasija, the Co-Founder and Chief Customer Service Officer at Innovaccer moderated a conversation with Dr. Jesse James, the Chief Medical Officer at CHESS. CHESS is a physician-led healthcare services company that empowers clinicians and health systems to make the transition to value-based medicine. Their conversation focused on the drivers and disruptors that can support providers and systems in creating a better, more efficient, and less costly healthcare system.

When asked to list the key forces that are attempting to disrupt traditional models of care, Dr. James narrowed in on a few key levers: First, new payment mechanisms such as direct contracting and global capitation, coupled with a new-found commitment and willingness to pay-for-performance by both CMS and commercial insurers, are key drivers of change. Dr. James emphasized that in years past, pay-for-performance has been largely voluntary and therefore generally not prioritized by payer organizations. However, organizations are increasingly realizing that the question is not *if* value-based payment will be made a core piece of the healthcare system, but *when*. Dr. James then underscored the importance of technology as a disruptor to the traditional model of healthcare and predicted that APIs and predictive analytics will set the stage for major innovation and create places for disruptive creativity.

Dr. James then shared how the COVID-19 pandemic has forced the industry to call into question the traditional ways patients interact with their providers. The pandemic has highlighted that tying payment to in-person appointments is likely not the most optimal for patient outcomes and, as a result, Dr. James believes that changes to payment models and increases in the use of technology, such as telemedicine, will be sustained after the public health emergency. On the topic of COVID-19, Hasija then inquired about the key traits an organization needs to be able to react to changing circumstances. Dr. James encourages organizations to consider implementing change management plans and foster a culture that reflects a willingness and readiness to flex with changing circumstances. Hasija adds that there should also be the willingness to fail. An organization needs to be able to quickly identify failures, pivot accordingly, and learn from their experiences. In addition to these aspects of company culture, Dr. James underscored the importance of the availability of funding to make sure this culture can permeate through all levels of an organization. CHESS, for example, has been thinking about how to create "innovation cells" within their organization so they can effectively disseminate learnings to their partner organizations.

Dr. James offered several additional pieces of advice for organizations seeking to be successful in value-based arrangements. Dr. James recounts that smart contracting, relationship building, and investments in community health have set them apart. Related to contracting, Dr. James encourages the organizations

CHESS works with to negotiate terms in a way that will result in a contract that is beneficial for their business. He mentions it is essential to "start with terms from which you can win". Once the contract is in place, it is then vital to foster a relationship that will allow each party involved to be successful. Organizations also need to believe in doing the right thing for long-term benefit. If an organization is accepting of short-term losses to build the infrastructure for long-term gain, they will be successful in a value-based ecosystem.

Global Primary Care Models

PANELISTS:
James Kingsland, OBE, Professor at University of Central Lancashire
Jeff Brenner, MD, Founder & CMO of JunaCare
Hans Erik Hendersen, CEO of Healthcare DENMARK
MODERATOR:
Paul Grundy, MD, Founding President of PCC

Dr. Paul Grundy, the founding president of the Primary Care Collaborative, moderated this session with a panel of healthcare experts from Denmark, the United Kingdom, and the United States who each discussed their country's approach to primary care and some of the changes they underwent to arrive at their current primary care models.

Hendersen began the discussion by describing Denmark's single-payer healthcare system and primary care model, which began to change in the early 2000s when an increased need for healthcare services resulted from an aging population and a growth in chronic diseases. Denmark's growing waiting list became so severe that immediate government action was needed and, as a result, private hospitals were opened to help address this increased demand. However, this proved to be an expensive and unsustainable solution. In response, Denmark merged its healthcare regions from 13 to 5 and asked its municipalities to take on a role by building out healthcare services outside of the hospitals and competing with neighboring municipalities for the healthiest population. In addition, the number of hospitals were reduced and became increasingly focused on specialized care, allowing the country to reduce the reliance on hospitals and build stronger primary care functions. Hendersen also discussed the primary care physician (PCP) as the gatekeeper of the healthcare system in Denmark in which patients must first go through their PCP for a referral before seeing a specialist. Hendersen explained that this allows for a more efficient healthcare system and keeps the patient and general practitioner relationship strong. Finally, Denmark requires all healthcare stakeholders to abide by certain standards for patient health records (HL7) to ensure that electronic health records are available to all citizens. Furthermore, Denmark passed a law that states all data belongs to the individual and they must give permission for healthcare providers to access it.

Dr. Kingsland described the National Health Systems (NHS) primary care model in the United Kingdom and some recent changes made. The United Kingdom utilizes a list-based practice system wherein a patient registers with a general practice who is responsible for the continuum of care for around 7,000-8,000 patients. Recently, a team tested a model that increased the patient population being served while keeping intact the existing personalized care approach. As a result, Dr. Kingsland noted that a 30-50,000 patient population could be served by a one-team approach. Patients indicated they felt they received better care across the continuum and an extended range of services. Providers felt more valued, enjoyed their teams, and felt they had a better work-life balance. Dr. Kingsland noted the list-based practice remains, but the United Kingdom has since adopted and scaled up the model, known as the Primary Care Network.

Dr. Brenner described several key dynamics in the United States that make a primary care model approach akin to Denmark or the United Kingdom more difficult to implement in the states. First, Dr. Brenner described the environment of competition in the United States healthcare system, including competing insurance companies and competing hospitals. A region with 4-5 major health systems divides

the market share between them. While an expensive procedure could be concentrated at one hospital – and data shows this would increase the quality of care – that same hospital would then be able to demand a very high price for that procedure. As a result, payers are incentivized to divide the market share to drive the price down (and simultaneously reducing quality). Lastly, Dr. Brenner described the challenges from the provider perspective where care may be provided for patients from many different insurance companies. Even if one insurance company develops an innovative model, its impact will be limited as providers cannot change their whole practice for just one segment of their patient panel.

The Future of Primary Care

PANELISTS:
Jeff Wells, MD, President of Marathon Health
Griffin Myers, MD, Chief Medical Officer of Oak Street Health
MODERATOR:
Glenn Steele, Jr., MD, PhD, Former President and CEO of Geisinger Health System

In this session moderated by Dr. Glenn Steele, Dr. Jeff Wells and Dr. Griffin Myers discussed their unique approaches to transforming primary care and how their care delivery models are likely to adjust in the future. Dr. Wells is the president of Marathon Health, one of the nation's leading providers of employer-based health services and Dr. Myers is a co-founder and the current Chief Medical Officer of Oak Street Health, a value-based primary care company focused on providing holistic care to seniors in medically underserved communities. The group discussed the challenges associated with the pandemic's impact on their operating models as well as future challenges that will require attention by disruptors in the primary care industry.

A main topic of discussion in this session was examining the extended value of primary care transformation. Dr. Myers described Oak Street's focus on providing often overlooked benefits to patients in the form of transportation to centers, longer patient visits, stronger relationships between providers and patients, and other interventions. He explained that a dedicated focus on Medicare Part A is where Oak Street generates significant savings in its fully risk-based model through emergency department utilization reduction and patient behavior alterations. Dr. Wells shared how Marathon Health has dedicated resources to improving access to care locations through digitalization expansion for increased virtual care visits and interventions. Marathon is also focused on upstream interventions by helping patients with behavior changes and lifestyle management education.

The group examined the opportunities and challenges of constructing a provider workforce amid a primary care physician shortage, as well as how the organizations are focusing on social determinants of health (SDOH) in their delivery models. Both panelists described how their systems are utilizing care teams that involve greater numbers of nurse practitioners, physician assistants, and care-team managers to treat patients. Technology is implemented not to replace human interactions, but to add a supplementary layer of greater interaction with patient populations. Regarding SDOH, Dr. Myers shared how Oak Street's model enables care teams to get to know patients with a level of intimacy that has led to a robust database of health information which can be used to identify gaps and influence patient behavior at the most critical times. Dr. Wells held a similar viewpoint that technology is critical in identifying starting points for care management teams.

The Future of Home Services

PANELISTS:
Vijay Kedar, Co-Founder and CEO of Tomorrow Health
Rushika Fernandopulle, MD, MPP, CEO and Co-Founder of Iora Health
MODERATOR:
Elizabeth Bierbower, Strategic Advisor and Podcaster

During this session, Beth Bierbower, a strategic advisor with over twenty years of executive-level experience in healthcare, hosted Vijay Kedar, co-founder and CEO of Tomorrow Health and Dr. Rushika Fernandopulle, CEO and co-founder of Iora Health to discuss the future of home-based care.

The session opened with a discussion regarding the significance of the growing shift toward in-home care and the potential for major benefits to overall system costs and outcomes. Traditionally, care has been designed around the needs of the provider and is largely facility-based, rather than the needs of the patient. This came as a result of an increasingly specialized medical community and advancements in expensive diagnostic and treatment technologies, as well as a system that is rewarded for the volume of services. Dr. Fernandopulle and Kedar both believe that while the COVID-19 pandemic has thrown a spotlight on home-based care, the need for it has been apparent for some time. With an aging population and over 90% of senior citizens preferring to age in place, the time is now to invest in home-based services. Both panelists envision a future where reimbursement is entirely outcomes-based and rewards a fully coordinated episode of care that is directed by organizations like Iora Health and Tomorrow Health. Utilizing a global risk payment structure, these organizations remain responsible for all the needs of the patient across the care continuum, allowing for coordination between each of the different institutions of care with which a patient may interact. Once reimbursement can be aligned with the needs of the patients, the issue then becomes the logistics of coordinating every aspect of a person's care from clinic to home while maintaining costs and quality.

Kedar offered that a key piece of making home-based care viable for patients is implementing technology that can manage the logistics of coordinating care between teams of providers and caretakers. However, he argued that most of the current off-the-shelf healthcare technology platforms are provider-centric rather than patient-centric. The panelists agreed that the industry needs to create more patient-friendly technology that is much easier to use on the frontend but is also reliable and powerful on the backend. If patient-friendly technology can be achieved, Kedar envisions that these tools can be used to improve patient engagement and education, as well as care team coordination and logistics, and will ultimately improve outcomes.

The session ended with a request for reactions to Amazon and their new endeavors to become a mail-order pharmacy service provider. Both panelists mentioned they are supportive of any solution or innovation that provides patients with the opportunity to better manage their care. Amazon has strong reliability and logistics capabilities, which is an issue facing the home-based service market. Dr. Fernandopulle rounded out the conversation by lamenting that while the existing healthcare infrastructure seems unwilling to make patient-centric changes, potentially a little competition from an outside entity may push progress forward.

Wednesday, November 18th

Health 2030: The Future of Care

PANELIST:
Tom X Lee, MD, CEO, Galileo
MODERATOR:
Michael Schrage, Research Fellow, MIT

In this conversation, moderator Michael Schrange, Research Fellow at MIT, prompted Dr. X Lee, CEO of Galileo, to talk through his entrepreneurial vision for re-imagining an approach to data, interoperability, and technology systems. Over the course of his career with Galileo, One Medical, and Epocrates, Dr. Lee has brought an innovative approach to combining patient care with data, leveraging mobile technology and human-centered design to improve care delivery models and drive decision-making. Central to Dr. Lee's professional endeavors is the belief that data can provide much better insight than observation and that focused data in the right areas can create understanding.

Both speakers noted how legacy processes and structures get in the way of truly re-imagining what technology and digital tools are capable of within the context of healthcare. Organizations inadvertently create the structures that inhibit hospitality. Dr. Lee noted that as a young physician, he often saw the systems getting in the way of patient care. A lot of people in traditional healthcare systems are working with large, calcified health technology and it is difficult to re-shape. According to Dr. Lee, organizations must deliberately build it into every level, saying "this is hard, but if you don't innovate through the whole stack, then it won't happen."

Schrage postulated that there is an obsession with "process optimization" without truly stopping to understand the process. Dr. Lee added that instead of focusing on rehabilitating old processes, you should instead think about the outcomes you want and re-design processes toward those outcomes. Most provider organizations believe they are running hot and lean, and that there isn't room to "optimize," but Dr. Lee believes that the healthcare system won't continue to support a hyper-inflationary force of rising healthcare costs and increasing the volume to support reimbursement. He believes the industry's imperative is to radically shift the nature of the outcomes and the nature of the inputs to generate better outputs.

To both panelists, "processes" and "workflows" are not equal. Processes are about dictating steps that must be followed regardless of interdependencies, nuance, or unique attributes of a patient. Processes are static and dispassionate. Workflows, however, are dynamic and nimble. A flow is critical, the way Dr. Lee thinks about service design. You don't want a service operator hammering out widgets all day; rather, we need to figure out the best way to create a flow state so that care can flow out, unimpeded.

Beyond the EHR: Digital Platforms

PANELISTS:
Cris Ross, CIO at the Mayo Clinic
John Glaser, PhD, Executive in Residence at Harvard Medical School Executive Education
MODERATOR:
Mike Sutten, Former CTO at Kaiser Permanente

The session opened with a reflection by the panelists on the history of health information technology (HIT) over the past 30 years, highlighting major moments for the industry. Dr. Glaser noted the recent progress with interoperability among organizations and patients using wearables to track vitals. Ross noted the greater electronic health record (EHR) accessibility and the continuation of automating clinical documentation. Previously, the communication between provider, payer, and community organizations with patient records was a major challenge, but data sharing is improving significantly.

One of the main topics of the session was the capability of the healthcare industry to enjoy the same benefits as other sophisticated industries like travel and banking. Ross noted that health is not like a simple withdrawal at an ATM, it is more like entering a mortgage. A lot of information is required of the patient to receive care. Dr. Glaser pointed out three main differences between the healthcare industry and others that focus on prioritizing convenience. For example, travel uses targeted APIs and healthcare attempts to gather all bits of information. Business cases in other industries are clear, whereas healthcare has greater variability with patient scenarios. Lastly, in other industries a singular group focuses on handling the tech and flows while in healthcare, there are multiple independent groups (e.g., providers, payer, social workers, etc.) involved.

The group reviewed the "when" and "why" the healthcare industry is transforming. Ross shared that today many unseen use cases are getting illuminated that have supported progress in healthcare technology. Both speakers commented on the positive effect competition and new entrants have had on bringing new ideas to the field. Although, competition does have its challenges, particularly in the regulation and integration of new systems joining the industry. Both panelists clearly agreed that there remains a long road ahead in healthcare technology, but the answers are out there and there is a new generation of industry leaders who are committed to digital transformation.

Transformation of Care in the Age of COVID-19

PANELISTS:
Omayra Mansfield, MD, MHA, VP & Chief Medical Officer, AdventHealth
Aashima Gupta, Director, Global Healthcare Strategy and Solutions, Google Cloud
Randy Moore MD, COO & SVP, Franciscan Alliance, Inc.
MODERATOR:
Nikita Sharma, Vice President- Marketing and Growth Strategy, Innovaccer

This panel, moderated by Nikita Sharma, VP of Marketing and Growth Strategy at Innovaccer, focused on impacts that COVID-19 has had on how care is delivered and how that might carry over into post-COVID care patterns.

Dr. Randy Moore, COO & SVP of Franciscan Alliance, emphasized that COVID-19 has rapidly accelerated the journey away from fee-for-service to value-based care. He also noted that a lack of personal protect equipment necessitated a real-time, team-centric approach to decision-making about care plans. In contrast to pre-pandemic practice—where each specialist would round separately to visit patients— a multi-disciplinary team (along with one clinician at the bedside) has been joining remotely and synchronously to coordinate and discuss each patient's interconnected needs.

One change mentioned by Dr. Omayra Mansfield, VP & Chief Medical Officer of AdventHealth, was an ability to circumvent what had become a very bureaucratic decision-making process, especially when it came to therapeutics. Because the science was evolving rapidly, they created a command center of physicians that acted as an efficient one-stop-shop for decision-making and communication. These panels felt confident in making decisions because they were up to date on the research and felt empowered to provide direction. Having a high-functioning, well-coordinated "team of teams" has been crucial to COVID-19 care, and the entire panel was optimistic that this change would continue past the pandemic.

All three panelists indicated one of the biggest changes to care during COVID-19 was the rapid adoption of telehealth and telemedicine. Aashima Gupta, Director of Global Healthcare Strategy and Solutions at Google Cloud, said their earliest question was, "How do we best serve the industry?" They set up virtual war-rooms to problem-solve and strategize on how to support the industry to adopt more technology. The strong resistance to virtual care that existed before the pandemic shifted radically. Clinics that had single digit virtual visits went to 3,000+ plus virtual visits a day. Technology had been seen as something that came between the clinician and the patient, but it was quickly being transformed into an enabler of

those relationships, and they had to recalibrate their technology roadmap quickly to address the shifting needs of their clients.

Dr. Moore added that the government creating parity for virtual services during the pandemic helped eliminate this major impediment to virtual care. We have slowly been seeing the cracks in a FFS, face-to-face mentality, he added, but we are now seeing that we can really do things differently. Can we move a patient out of a hospital sooner? Can we send them home and combine home and virtual care? As a society, health plans, government, and providers, need to come together to make this a sustainable model. We can significantly cut costs by unleashing the power of our teams, integrating technology, and changing processes. Change the focus to enabling health rather than just treating sickness.

More frequent virtual touchpoints, the panel agreed, could keep patients from escalating their health problems. Inpatient care, Gupta noted, is the failure of outpatient care, and more frequent touchpoints would keep patients from ending up in the emergency department.

The Future is Now

PANELISTS:
Jonathan Bush, Co-founder, athenahealth
David K Nace, MD, Chief Medical Officer, Innovaccer

In this closing panel, Jonathan Bush, Co-founder of athenahealth, and Dr. David Nace, Chief Medical Officer at Innovaccer, emphasized that industry leaders either have to embrace innovative technology or they are going to be left behind in the next evolution of patient care. Our universe has been claims-based, and there is no reimbursement for a two-second text exchange between patient and clinician regardless of the value it produces.

Technology, they agreed, does not have to mean a sterile, impersonal relationship. There is nothing inherently intimate, Bush said, about sitting on wax paper in a doctor's office. Being able to text back and forth in real-time during a moment of worry can help foster an intimate bond with a physician. The pandemic has challenged us to see care in different ways, and many clinicians and patients have risen to that challenge. Some patients may want a search engine-like experience, where they can turn to trusted sources of information but be completely self-directed. Some patients will want to touch base via a virtual basis. Some patients may still prefer an in-person visit. Technology should enable the healthcare industry to make mass customization a scalable, legitimate reality. "Personalized" care does not necessarily mean just good bedside manner, but meeting patients where they are in terms of how they can best receive care and information, and then lead their own healthcare decisions.

About the ACLC

The Accountable Care Learning Collaborative (ACLC) is a non-profit organization with a mission to accelerate the readiness of healthcare organizations to assume value-based payment models. Founded by former Secretary of Health and Human Services Mike Leavitt, and former Administrator of the Centers for Medicare and Medicaid Services Mark McClellan, the ACLC serves as the foundation for healthcare stakeholders across the industry to collaborate on improving the care delivery system. To learn more about the ACLC, visit accountablecareLC.org