The Collective Voice of Health IT – Inaugural Podcast

The following is a rough transcript of the inaugural podcast from WEDI:

Ep 1: The Shift in Healthcare Priorities; A Conversation with HCEG's Ferris Taylor

Host Matthew Albright discusses how COVID-19 has affected priorities in the healthcare industry with Ferris Taylor, Executive Director of the HealthCare Executive Group (HCEG)

See the end of this document for links to various resources referenced in this transcript. Contact us at info@hceg.org if you have any questions.

Begin Transcript
Matt Albright: Welcome to the Collective Voice of Health IT a WEDI podcast. Hello and welcome to the inaugural episode of The Collective Voice of Health IT, a WEDI podcast. The Collective Voice of Health IT podcast is about both health and information technology and how they intersect. And what an appropriate time in history to be talking about both on this podcast. We're going to offer our listeners engaging and intimate discussions with prominent healthcare thought leaders as we look at key themes and topics in Healthcare IT - both current and emerging.

I'm your host Matthew Albright. My day job is Chief legislative Affairs Officer for Zelis Payments. Zelis is a healthcare and financial technology company located in beautiful Bedminster, New Jersey. I also serve as the Communication Committee Chair for WEDI. That's W-E-D-I. And WEDI is the host of this podcast. Our producer Michael McNutt is wearing a Virtual WEDI t-shirt and he's waving to me virtually as we speak. Hello Michael. Hello Matthew.

WEDI is the preeminent National membership Association for Health IT guidance and more especially I think collaboration for those not familiar with WEDI for nearly 30 years. WEDI's been an instrumental force in igniting public-private partnerships to empower meaningful changes in the American Healthcare system. And I'll tell you what, I think makes this a OC Asian called WEDI's special we did was actually formed in 1991 by the then Secretary of the Department of Health and Human Services at the time, Dr. Louis Sullivan. WEDI is actually mentioned in the 1996 HIPAA legislation as advisor to the Secretary of HHS in this way. WEDI has always had a close relationship with the centers for Medicare and Medicaid services CMS with HHS'S office for civil rights. And most recently with the Office of the National Coordinator for Health Information Technology - lovingly referred to as the ONC. The ONC focuses on advancing standards for electronic administrative transactions. And just to put that in English, those are the billing and payment transactions that are on the business side of healthcare. And as privacy and security are important elements to those transactions into the business side of healthcare. WEDI is always out there promoting data privacy and security.

Most recently. WEDI has been instrumental in efforts to harmonize the administrative and the clinical data. That is WEDI has been key in bring together the business side of Healthcare with the clinical and medical side of healthcare in a shared Health IT framework. And our guest for this inaugural episode of The Collective Voice of Health is Ferris Taylor. Ferris Taylor is the executive director of the Healthcare Executive group. H-C-E-G is a national network of thought leaders focused on technology to grow share and reshape Healthcare. And I think Ferris is an excellent first guest for The Collective Voice of Health IT because his organization's members, many of whom are c-suite Healthcare leaders, are always looking forward to and predicting healthcare's next opportunities challenges and issues. WEDI as the association that is the sponsor of this program keeps leaders like Ferris Taylor in our circle of friends so that we prioritize its own Health IT issues**. I think never is that kind of predicting and prioritizing more important than during the tremendous shifts that healthcare is going through during this pandemic**. Few people can talk fluently about the intersection of strategy, operations, marketing, big data, clinical programs and healthcare, but Ferris Taylor can because he has served in an executive role in all of these areas. So Ferris, welcome to the inaugural episode of The Collective Voice of Health

Ferris Taylor: Matt thank you for inviting me and congratulations to you, Michael McNutt and WEDI on the launch of The Collective Voice in Health IT. I'm humbled and honored to be participating, especially in this first session. And on a personal basis, I especially appreciate working with you Matt and Zelis Payments along with WEDI on thought leadership opportunities like this as our three organizations have a long history together. In full disclosure Zelis is one of six technology partners of the Healthcare Executive Group HCEG. You will hear some people referred to us as HCEG. I'll explain some history later plus the fact that we have been partners with WEDI for a number of years. I certainly look forward to our conversations today

Matt Albright: Terrific Ferris. So do I and I think what you were just talking about is a great reflection of the title this podcast. This is the collective voice and we're talking about collaborations between organizations that are interested in Health IT so I like the way you frame that. Maybe we can start by telling our listeners a little more about yourself and I'd like to start with a question that puzzled me while reading your bio. How does someone who studied and has a degree in nuclear physics find themselves in healthcare? I'm sure there's a story in there somewhere.

Ferris Taylor: Oh dear. Matt, you really are digging into my past. That was a long time ago. When I had the Nuclear Physics idea. It is true that I headed to college planning to be a nuclear engineer and build nuclear power plants. Part of the story is that I grew up on a farm in Idaho. And for those of you that know me or have seen my physical size, I'm not, I don't have the build of a big burly farmer pushing around 200 milk cows. But Idaho actually houses a nuclear research facility in the central part of the state. In our county where one of their claims to fame was that they built the first nuclear reactor for a submarine and in my mind Nuclear Physics was my ticket off from the farm. So that's part of the story. But I did get to know and work for the past head of the Atomic Energy Commission, Dr. Richard Scott. And he was involved in our Co in developing the first nuclear submarine engine. In my mind that was a really good combination of contributing to society and at the same time using technology, leading edge technology that existed at that time. Late one evening when I was pretty well through my undergraduate work, I was in the office with Dr. Scott and he made a statement to me that the rest of the world might not be nearly as excited about nuclear energy as I was. And that was many years ago Matt but as all of us look back because of the way nuclear power was first used in the atomic bomb and like that it has carried a lot of stigma and he was right. I really needed to get out of nuclear physics. Unfortunately, no money. No one warned me that there would be a time when healthcare might be equally as dangerous - COVID-19 not being not the only challenge that we've had to address but that's the story. I love art. I love the idea.

Matt Albright: I'm sorry love the idea. There is of your mentor and this great leader in nuclear physics, right? Who turns around and tells you" Don't go into nuclear physics, that's not where it's at, go someplace else.

Ferris Taylor: It's a good when you connect with people on a personal basis and you get to know them there's good thoughts and ideas. And as you introduced The Collective Voice of Health IT, this collaboration and sharing of ideas and thought leadership really can change the direction. Not only of individuals lives but business lives and you know, in my case, I looked at my expertise, my interests and pivoted my studies to an MBA emphasizing finance because it was numbers oriented and quantitative. Economics started my career in Boston working for a company called dri data resources, and they were the premier company doing economic or econometrics for Casting they ended up being acquired by Standard & Poor's and now are part of McGraw-Hill. But in my work there, I was invited multiple times to work on a project with another friend for a small 200,000 member HMO Health Maintenance Organization in Boston called Harvard Community Health Plan at the time. It was a closed Network. The Physicians were always the same as everyone else, but probably as with you and many of our listeners today as I got involved in healthcare. I became addicted and passionate about healthcare and it's served me well for almost 30 years. In quick summary, a Dozen Years with Harvard Pilgrim VP of Marketing and Planning on the hospital side with the Community Hospitals. Partners Healthcare led a consulting practice in the pricing area - strategic pricing group - for what now is part of Deloitte, I headed up Healthcare Market strategy for Optum. And then the last few years have been a challenging but very

educational experience and starting a co-op health plan called arches Health Plan here in Utah. So, the common theme across that career is really before and now in healthcare making Data and Technology work for decision making and so today's a chai tea topics and discussion should be a lot of fun for both of us. And for those listening to us.

Matt Albright: Yeah. And first I think what's great about your experience is that you've seen the healthcare market trends, IT and policies from many different angles, right? It's like the story of the blindfolded people in a circle each touching a different part of the elephant. You seem to have touched the elephant called healthcare right from many different angles. So you have a you have a much better sense of the whole. So now talk to us a little bit about the Healthcare Executive Group HCEG. Who are its members? What is its Mission?

Ferris Taylor: I appreciate that and actually when the organization was founded in 1988, it was called MCEG - the Managed Care EXECUTIVE Group - because if you think about it going into the 90s the future. To be focused on Managed Care a number of years ago as we evaluated managed care versus Healthcare. There were a number of reasons. There was a negative connotation about managed care, and we changed one word in that title and called it Healthcare Executive Group. But it's a national network of executives and industry thought leaders that was founded when Digital Equipment and Manor. Assets many computer manufacturer that's long since gone disbanded their healthcare users' group and those users found value in working together to improve and reshape healthcare independent of the specific a chai tea vendor that had originally pulled them together. So they formed a small, kind of eclectic, Healthcare Executive Group. Our mission is really guiding healthcare leaders through innovation, change and growth. Obviously three topics that are top of mind today with the COVID crisis.

Our members are typically, and it's just naturally evolved this way, to be state and regional health plans. With the executive setting in the C-suite are looking across all of the issues and challenges that their organization is dealing with. I facetiously say it at times - having worked for six years as part of United Healthcare – that I think there are 37 technology leaders within United in an independent health and Buffalo New York or AB Med in in Miami or Medica in Minneapolis, the technology and information technology and innovation technology leaders are sitting at the table looking at all of the issues.

You so given those roots and our member organizational leads being primarily technology officers. It's natural that we focused on a chai tea as the core of our business and we bring together. Most of those see Funk c-suite functions today because technology is now fully integrated into the clinical and the operational and the call centers and the finance parts of healthcare. So we interact regularly across multiple channels throughout the year facilitate a lot of networking via social media and webinars. We will talk about it. When we provide a national beyond our own membership industry pulse research and Analysis each year participate in roundtables and Leadership discussions of major industry events, and Publish a newsletter on Technology Innovation the pillars of HCEG Matt our thought leadership and networking across the country on critical issues. I'm not sure I would want your framing of HCEG to be predicting. We don't have a special crystal ball about the future, but we spend a lot of time back and forth in deep discussions on critical issues. And it definitely gives us an ability to share perspectives predictions on what we think the future will be. I personally have been involved with HCEG for over 15 years and find it an invaluable way to keep current with Healthcare technology and Innovation. So naturally when Michael and Charles and you reached out and asked that I join you today I immediately Come that opportunity Charles Stellar, who is the CEO of WEDI. And we've been colleagues for 20 some odd years. So we consider HCEG and WEDI to be partner associations at this point

Matt Albright: Terrific Ferris, and certainly we appreciate and we certainly benefit from that partnership and you know, you got to wonder back away from the crystal ball analogy and the predicted but certainly you're thinking through priorities and issues with C-suite leaders across the country across multiple different platforms. And then you describe

this with two vehicles that come out of HCEG: the annual HCEG Top 10 and then the Annual Industry Pulse Survey. So maybe you can touch a bit on that on each of those.

Ferris Taylor: Thanks, Matt. Those are definitely two activities that are close to my heart personally. I've been involved with all since the beginning and more importantly we spend a lot of time on those so each year, with month after month of conversations and discussing and debating critical issues in healthcare towards the end of the year. Typically, it's been at our annual in in-person event, our annual Forum. This year it would be virtual but we go through a formal process with our members. Each has to vote on and rank what they see is the next year's HCEG Top 10 issues and we coined that title “Top 10” in all honesty some years ago with the David Letterman show. And you remember, if you want to remember, any of those he periodically with to his top 10. Yep. And so it was a catchy way to introduce a topic. Listeners can go to HCEG.org website and look at the years of history on those top 10. But it isn't just the list for 2020 Top 10 issues that's helpful to Executives, it's also being able to look back at those issues and priorities and how they've involved and changed over time and that becomes very insightful and helpful to organizations as they develop their own particular specific criteria and priorities. I don't know of many longitudinal perspectives on healthcare and Innovation and technology that have been in place for so many years, but that's our membership perspective. And these are, as I said, a unique set of health plans, provider groups and health systems around the country.

So about 10 years ago with one of our sponsor partners, Change Healthcare, the idea came up: why don't we take the HCEG Top 10 and take it out to the rest of the industry and sort of validate it see what they think about it? So each year, we have done what we call the Industry Pulse and that's a national survey. This year it was four hundred and some odd responders, 40 to 60 percent of them at the executive level that were responding. We were able to test the validity of the top 10 list that we put together but it also gives us the opportunity - in a survey environment - to dig a little deeper into specific areas where maybe our discussions have lacked some detail or some perspective or raised more questions than it has produced answers.

So, we published the Industry Pulse. I think it was February 15th and if you think about the timing it was right as COVID-19 was beginning to hit. And now, as we look back over the last five or six months, we know that the entire healthcare world has changed. So a few weeks ago, we actually launched a flash survey called COVID Industry Pulse. And that survey came out of the field Monday evening just this week. I've had just one quick look at the data so far but I'll share some perspectives during this discussion. And Charles [Stellar – CEO of WEDI], Michael and you and I have already agreed that when we get those the analysis of the COVID Flash update to Industry Pulse we’ll also share that specifically with WEDI. Maybe do a webinar or find the appropriate way to share details with the listeners today.

Matt Albright: Good terrific. We look forward to a webinar with that and hopefully when we come back from a break here in a minute, we could get a sneak peek or at least get a sense of what you think might have changed between the last time you did this survey coming out the beginning of this year.

And what you think may change with this next server that you're putting up now. Maybe nothing has changed but I like the idea you said that these top 10 and the Industry Pulse are kind of snapshot. I feel like they're a Polaroid every year that you can then, you know, look back at. **And you would look back and see how much hair you lose over that time and how many wrinkles you have.** But I think for the healthcare industry it *is very interesting to think about where priorities were six months ago and compare them to where they are now*. So when we come back, I'd like to pick up on that discussion for right now.

Let's take a quick break and hear about WEDI’s Summer Virtual Forum from our producer Michael McNutt.

[Commercial]

Connect, collaborate and create solutions at WEDI's Summer Forum taking place virtually July 31st and continuing August 3 through August 6th. Join Health IT Professionals for this multi-disciplined examination of some of the most important topics in the industry. Increase your knowledge on us CDI the ike add task force fire oweth 2.0 hl7 accelerators and more from some of the best Minds in the industry in addition the Privacy security sessions during the Forum. Look at consumer privacy public health and cybersecurity Trends plus updates from Core X 12 and an interactive session looking at improving administrative processes rates for individual and organization wide licenses are available. Learn more at WEDI dot Org the WEDI summer Forum, July 31st and August 3 through 6.

Matt Albright:

Welcome back to The Collective Voice of Health IT WEDI podcast. I'm Matthew Albright and we're talking to Ferris Taylor, Executive Director of the Healthcare Executive Group HCEG. I'll also take this time to make a quick pitch for a survey that WEDI is conducting this time on payers and providers and consumers experience with Telehealth Services since the start of the COVID-19 pandemic. And if you want to help us with that survey, we'd love to hear your point of view. Please visit the WEDI website. We'll hear a bit more about that in a few minutes but click into the WEDI website and get a hold of that survey.

So Ferris, maybe what we do is talk very quickly about what you found at the beginning of the year covering 2019 [2020?] in terms of the HCEG top 10 and the Industry Pulse and then do a kind of before and after: right before coronavirus if you will and after in terms of the priorities that healthcare Executives and more broadly withing the healthcare industry through the industry pulse. So coming into 2020, **what were some of the themes in 2019 and early 2020 where thought leaders thought we were heading. And then maybe how did those things change with what's happened in the last six months?**

Key Areas of Change: Consumer Experience, Health Policy, & Security
Ferris Taylor: Terrific Matt. As you and I were together in early December at the WEDI Winter Conference, we led a discussion. [On?] We didn't have the Industry Pulse results at that time but we had the 2019 HCEG Top 10 along with that initial version of the 2020 priorities. And it was interesting in my mind that in 2019, Data & Analytics was at the top of the HCEG Top 10 list with Consumer Health, Population Health, Value-Based Care, and Digital Health all as priorities right behind Data & Analytics. But the 2020 priorities were already fundamentally changing as we discussed at the Whitney conference. Even before the coronavirus hit, priorities like Cost & Transparency as you recall in 2019, and it's certainly pressure on our mind right now with pharma pricing. It was a critical discussion.

How do we deal with the costs of specialty pharmaceuticals and continue going forward with respect to vaccines and testing and everything else is coming with COVID-19? But even more importantly, right behind that fundamental change of Costs & Transparency was: What's happening with the consumer and the consumer experience?

And that's a transition that has been slow to develop in healthcare. It was gaining more understanding from both the payers and the providers and all the stakeholders in healthcare of what it really means to be consumer-centric. We know what that means with Amazon or what it means with Alexa, but healthcare was far away from that in terms of consumer centricity and of course delivery transformation, which could include how we how we make this transition from fee-for-service to value-based reimbursement. But IT also was already deep into digital health and personalized medicine, holistic healthcare at the personal level. So those were, that was, the setup that we had at the WEDI conference and going into 2020. Now obviously things have changed in the last few months. We couldn't be more positive that the consumer healthcare experience in the last few months has been less than par. And of course one of the biggest and more obvious changes in healthcare has been around what the Top 10 had labeled as Accessible Points of Care. Telehealth has exploded, driven by the absolute necessity for consumers to shelter in place. But the fact they

(consumers) still needed access to care and also by providers recognizing that it wasn't desirable to have patients come into their offices. So that blip in the concerns and issues that were being addressed in Coronavirus has certainly impacted the Top 10. And we'll see statistically how that has changed with this flash survey that we're just completing right now.

Social Determinants of Health - Barriers to Health
I guess the other change, a couple of changes, are to Healthcare Policy, which was number nine on the HCEG Top 10 for 2020, most certainly has moved up. It seems like the regulations change every day and we can come back and talk about those. And the final change that I'm seeing in in the Top 10 has been a discussion around Population Health has been there for many years. It was starting to get described in the term that we most commonly use a Social Determinants of Health. I personally prefer Barriers to Health but for some reason healthcare has historically narrowly defined healthcare as medical intervention and has excluded the barriers to health. COVID-19 has certainly challenged that thinking and changed the way that that we are thinking about healthcare.

And I don't know if Matt with that sort of and these are guesstimate. This is more Ferris Taylor and a reflection of discussions than about the Top 10 or Industry Pulse statistics that I can share. I love your term BC before coronavirus. I'm not sure that plays quite as well. We considered after how many hundred thousand deaths with the coronavirus that would come into play. But this is a watershed moment at least in my mind. I don't know if you agree.

Matt Albright: Yeah, I think what's interesting is when you when you talk about the priorities coming into 2020 absolutely things have changed. Absolutely its flipped - everything's been flipped on its head. But actually the issues themselves or if you will the categories of issues haven't changed, right? So you talk about Digital Health which we see expressed through Telehealth. You talk about consumer-based or consumer-centric healthcare. And you talk about how actually in the last six months we've seen how that's kind of failed on a certain level. And certainly the Social Determinants of Health has played itself out in the inequities in the races and the genders and the status of the people who have been ended up hospitalized and actually dying of this disease.

So what actually seems to me is that in 2019 the priorities and what came out of your Top 10 had it right? It's just that now it's been it's been put under a pressure test. All of those issues have kind of sped up and the other thing which I think is interesting and maybe it's tied somehow to how it's affected consumer-based healthcare. Everybody's talking about it. Right? I had no idea that at the beginning of this year that I would know so much about viruses and how they were spread and so much about how vaccines were pursued right?

I think healthcare has suddenly become a dining room table conversation, a backyard barbecue topic, right - with social distancing, of course. Conversation where people are talking about the priorities of this group or that group in a specific industry – and looking to their own industry. Suddenly, this industry (healthcare) is everybody's concern and suddenly every aspect of what you just talked about: telehealth, digital health, inequalities, all of those issues are suddenly being discussed by the people.

So, I have two questions here:

Do you think that because everybody's talking about it there will be a grassroots push to see these things sped up? Virtual health, telehealth, the exchange, interchange and interoperability of Health IT, the transparency issues.

Do you think all of this stuff will be sped up because of the kind of pressure cooker were under and everybody's pushing for it? Or do you think we're going to be so exhausted as a healthcare industry after this and perhaps, especially at the Byron Hospital levels so kind of economically bereft that that we won't be able to move the forward very fast. How do you think the last six months adds to what's going to happen next once we conquer this thing?

Ferris Taylor: Well, Matt. Great framing of the entire change of healthcare in terms of the questions that you put out there. I recall our HCEG board meeting in the middle of March. One of our board members, a past Chief Operating Officer at Regence Healthcare in the Northwest said: "*You don't waste a crisis but take advantage of it. And in some ways, that old and trite saying that: necessity is the mother of invention - is really coming into play here*."

As you said, healthcare was already moving. We were moving from analog to digital. I'll put aside fax machines and come back to that and another point. And the ARRA funding 10 or 12 years ago putting 38 billion dollars into electronic health records was a big effort to take an industry that was paper-based and make it electronic-based.

And along with that there was a lot more virtual (interactions) taking place rather than physical. Everybody has a Fitbit on the wrist or an Apple watch or something like that. There was a lot of change that was taking place from the virtual point of view and you've mentioned it several times.

But I think the whole consumer-centric aspects of healthcare suddenly have become high priority. I'd refer listeners to our website for the 2020 Industry Pulse, the original survey going into 2020. One of the key takeaways was that we developed a Consumer centricity metric where you sat on the spectrum (– continuum if you will.) We broke our responders out into payers, providers and vendors and it was clear even at that time that payers were further out in front of providers. 14% of providers actually said they had no consumer strategy in place. I will guarantee you today Matthew that if we look at the flash survey and we haven't excellent response from providers that there's not a single provider Hospital or Physician Group. That isn't thinking about what's the consumer experience and how can I change or impact the consumer experience that is there but as you indicated the COVID crisis has also exposed a lot of inequities and inadequacies in our healthcare system.

One being a lack of preparation for safety concerns. We were disregarding a lot of public health issues that are now very much top of mind. And underneath all of that is, as I listen to our members and the discussions back and forth going back to this 2019 HCEG Top 10 priority number one being Data & Analytics. And then how it's moved to much more of a foundational function across Costs & Transparency, Consumerism, and Digital Transformation at the heart of that.

These challenges have also been exposed around electronic data aggregation, how we exchange data, how we get the right data at the right time about the right person in the hands of the right decision maker in a near real-time environment. To function in a healthcare system, platform technology infrastructure demands interoperability. As you mentioned Matt, these (areas of focus) have become significantly more important in terms of supporting healthcare and moving us from a transactional type of consumer experience to a much more continuous interactive experience.

"There isn't a single person in the United States that is not much more cognizant of their personal health, how they feel, and how they're protecting their health today than they were six months ago. It's a different world." – Ferris Taylor

Matt Albright: I think it is. And if you just think about how much healthcare data your average American now consumes. Data resides in many places. It starts digitally and gets pretty big to the consumer. It's an article in the New York Times, but they're (individuals) also consuming healthcare data where before you just had the industry consuming its own right the pat plans had their data in the providers had their data and maybe they had a data analytical department in each one and they did it but right what we're seeing is every day we're getting up to the minute statistics from a meta level, right?

What's happening in Pinellas County Florida and how many hospitals are at their ICU capacity and what's the rate of positive COVID-19? You know that information is growing very quickly, as well as how to treat right? So every day we're hearing, the consumer is hearing, about what some doctor in North Dakota found worked very well for certain COVID-19 patients in a certain age bracket or with certain symptoms, right? So suddenly, very quickly this information is there's a

necessity for it to go very quickly, but the Health IT data itself is being consumed by us. We used look at our bills and then we throw them out. We didn't want to know what the CPT code was, right?

Ferris Taylor: So right, it's just a very different world. We are focused on numbers. Purrs individuals are focused on numbers. I mean, think about it, in years past you would have your annual physical and the doctor would do a blood draw and two or three weeks later. You would want to two or three things would happen. You would get a phone call or a little note in the mail that says everything's okay. And you said great, everything's okay.

Or you would get a call from the doctor's office saying: well you need to come back in and see the doctor. But the consumer was kind of in the dark as to where they were at and what was happening with them. And today that's not allowed. I want to know what the test result was. And if I'm diabetic, I'm looking at my glucose levels, my sugar levels. I want to know my A1C level and if it is going in the right direction. So there's a whole different focus on the physical activity. My wife, every night, looks at her Fitbit and asks: "Okay. Did I make my 10,000 steps today?" Or did I not just go walk around the house for a few minutes to get to that 10,000 steps. That wouldn't have happened six months ago. We're very focused now as a society on the critical things to be healthy - even though that was happening slowly.

I had the opportunity at Harvard Community for some years to work with. Dr. Don Berwick who had his stint as the Acting Director of CMS under President Obama. He headed up total quality and he was allowed to leave Harvard community and start the Institute for Healthcare Improvement. But multiple times I've heard him, in one way or another, Her to healthcare as a dinosaur. And I reflected on that a lot. Matt, dinosaurs move very slowly. They were slow to adapt. They didn't have an ability to adapt and we cannot afford - and we've experienced it in the last few months - a dinosaur response to what's happening.

This is rapid-fire, providers resisted Telehealth consults because the compensation system didn't reimburse them the way it would for an office visit. My wife happens to be a person that periodically has a urinary tract infection. She knows her doctor knows what she has but when she would call guess what he would say: Well you have to come in. Let me see you and I'll get you a prescription and we'll take care of this. In 2019 that was a quick phone call. He said great how ask a couple of questions stop by Walgreens and pick up the prescription. That is the consumer. The Boomer mentality is immediate. They want to know that they're getting value for everything that they do and that's going to drive sustaining this kind of change that was underway, but now has been accelerated in this pressure cooker that you talked about. Matt of the pandemic that we're dealing with

Matt Albright: Good, very good. And you know, I'm an impatient American. So, my next question to you is going to be when right so I think we've legislatively did things out of emergency and some of the states and certainly CMS is kind of pushing to keep certainly some of the waivers that are in Telehealth to keep them permanent. So we're starting to see that already but on the same token the interoperability rule enforcement has been delayed because the hospital's just don't have the bandwidth to make that lift right now and the transparency rules are being argued in court. So I guess I don't think you have the question here. But you know, when are we going to see this consumer-driven healthcare take place? And when are we going to see? You know, McKinsey says 20% of our healthcare visits will be virtual in just a year or two. When do you think we're going to see that? Is that going to have to wait for Congress to have lots of discussions about it and three or four years later. Will we have regulations or what do you think?

Ferris Taylor: Well, and you know, there's an interesting connection between Congress and the healthcare consumer. And that is, Congress exists because of voters and voters are consumers of healthcare and consumers have reinstated a very different healthcare environment the last six months than they had experienced over the last number of years or even decades. So part of part of the answer around when, I think Matt, shows up in the emergency orders and the state

initiatives, governor responses, and even at the federal level some of the initiatives and emergency orders that President Trump and other agencies have issued and put out there.

Obviously, along with that is how do we finance it? And how do all of those pieces come together? it's hard right today to give a specific answer to your question. I kind of feel, I don't know about you, but I feel hunkered down in the Foxhole in the middle of a war with bullets flying. Flying over my head. I'm sheltering in place. I haven't been on a plane since I think the last time I saw you in Jacksonville. And that was my last trip and I had a whole bunch of them planned but life has changed. But when you're in that Foxhole, it's not the time to stand up and get up on a Podium and say let's do this. Let's do that.

I think we're in a survival mode right now in healthcare. I mean, we're still dealing with a surge. I don't know about you and New Jersey. New York is kind of coming out of the surge, but Utah's one of the hot spots and so the timing may be a little dependent upon the filling in the answers on the unknowns that are there. But as we start to flatten the curve and as we get into the back end of the Healthcare System, the benefit designs to deal with a pandemic like COVID and the incorporation into those designs and into the pricing for 2021 or it might even be that it takes 2022 to get all of the financial part of this back in place so we have a stable healthcare system.

I have no doubt that we will get back to this new reality of consumerism and transparency and interoperability and the incorporation of 21st Century Technologies: artificial intelligence, machine learning, interoperability and real-time data exchange.

As you and I've talked to over time, I think the answer to your question is: this too will pass, and we will get through COVID-19. I don't know exactly when that will be. But on the other side in my 30 years in healthcare, I continue to just be very impressed with the inveterate innovation that comes into healthcare.

I haven't mentioned on this call but I was fortunate over the last 25 years to be a personal friend and a colleague of Clayton Christensen of Harvard Business School before he was at Harvard Business School - just a personal friend - the author of The Innovators Dilemma and Innovation. I actually worked with him in the writing of the innovator’s prescription. Unfortunately, Clayton has passed away. He had a lot of Healthcare issues; he was not a healthcare professional but that we've moved from a disruptive innovation phase two to really the fact that these changes that were talking about are now care models.

They may still be in an experimental mode, but this isn't the industry looking at. Oh Telehealth is a disruption or remote devices or in-home a dialysis, you know, that's a disruptive idea that it's going to take five or 10 years to get established. We've moved from there to a situation where we are experimenting real time and seen as consumers the benefit of that. I have an uncle who has diabetes and you know, three times a week he had to go and spend most of the day at the hospital for dialysis. Well now they can bring a piece of equipment into his home and he goes about his home activities, does the things he likes to do but he's getting his treatment. That's the world that we have going forward not the world that we had in the past. So, when you ask when, I think – having grown up on a farm - the horses are out of the barn and out in the field and if we don't catch up we're going to have to run to catch up.

But the Innovation is here to stay. It'll have to get priced out. It will have to get built into the financial models that make healthcare work hospitals. Some hospitals are doing fine financially. Some, especially rural hospitals, are under extreme pressure. Different specialties in healthcare are experiencing different results. Health plans are concerned about when all of the delayed, non-essential healthcare comes back. Is that going to hit them financially and with premium increases? We're a very state of the art world-renowned healthcare industry and we'll figure this out. I think that this stability on the other side of the bridge will be consumer-centric. It'll be transparent whether it's from costs or delivery

processes or anything else. The delivery system will be much more virtual and if you push me, I'm going to say some time 2021 - for sure 2022 will be back on track.

Matt Albright: Good. I've bear as I think you bring a great perspective, right? There's no longer went out looking forward to Innovation. The Innovation is already happened and we're not calling it innovation anymore. We're calling what we do on a day-to-day basis now with healthcare. I think that's a terrific point. And I think there's a lot to be said for how quickly our healthcare system reacted and proactively moved to take care of this pandemic. And frankly, I'd probably have to say the same for our political systems. They came out very quickly. The governors came out very quickly with emergency orders that freed the providers to do what they needed to do. And even Congress, there's criticism to be had there, but they turned things around very quickly to get things moving. So, I think that's a great point, things are already happening. Things are already here. Maybe there's nothing that we need to wait for so before we close up here. Tell us again when You'll have the next survey wrapped up

Ferris Taylor: We talked we got the results. So the day tried data. I looked at it Tuesday. So just two days ago, we'll have something ready to publish in two to three weeks and I think Michael and Charles and you and I have talked about coming back here in August with a WEDI specific webinar. I would prefer something where we can have questions coming in and be able to deal with those in an interactive way. So three four weeks and we'll be back on the air Matt you and I Michael for and Charles for a great discussion.

Matt Albright: Awesome. Thank you. Thank you very much and thank you for joining us today. I think this has been an incredible inaugural episode. Full of great discussion and valuable information for our listeners. Look forward to seeing you again. We hope to see you when the survey wraps up Ferris. Thank you Michael for producing the show. This has been The Collective Voice of Health IT, a WEDI podcast where the health information technology community connects, collaborates and creates solutions for a Better Health System. Find this episode and more on our website WEDI.org. Thank you all for joining us. Be safe.

Ferris Taylor: Thank you. Take care.

End of Transcript

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