

“What the HEALTH Just Happened?”

“What the HEALTH Just Happened? Learning to DANCE to Ever-Changing “Music””

Don Taylor, MHA
US Air Force, Colonel (retired)
Adjunct Professor UT Dallas
Board Advisor/Certified Coach Think X Leadership
President, BDP Consulting, LLC



Me

- Husband/Father/Grandfather/Stepfather/Son
- Federal Healthcare CEO/COO
- Iraq War CEO/Leader and Veteran
- Private Sector - CEO/COO/Entrepreneur
- For-Profit Board Advisor
- Non-Profit Board Director
- Community Volunteer
- Healthcare Architecture/Planning/Design
- Health Strategy, Policy, Plans and Operations
- Teacher/Faculty
- Leadership Mentor/Coach
- Artist / Designer
- Speaker/Consultant/Advocate/Author
- Disruptor/Visionary/Optimist (mostly)
- “Windmill Tilter” (I do not inaction!)
- Champion for change in HEALTH





“Toto, I’ve a feeling we’re not in Kansas anymore ...”

Dorothy

US Healthcare in Jan 2020 from Industry

- Highest employer by industry in the nation
- Most respected education, training, research and technology in the world
- World supplier of advanced medical technology
- Outstanding profit potential and growing
- Huge “untapped” potential in earnings
- Interest from outside industries
- In transition ... lagging others
- Best prepared in the world for our next Pandemic per the WHO



We Do Some Great Things ..

But We May Have a Problem if you are a Patient or Payer

*17.1% of GDP and **GROWING and GROWING MORE!***

*... with little to no improvement in overall **HEALTH***

“America’s Healthcare System is neither healthy, caring, nor a system” – Walter Cronkite, early 1990s

Is Healthcare a “Right”?

Or

Is it a “Business” ?

Buyer Beware or “Caveat Emptor”

- Information Asymmetry exists in the healthcare market
- Information Parity is needed



VS



Never forget our primary purpose ...

HEALTH is our Goal ... Health CARE is just one way to help achieve it ...

Multisector Influences on Health



Discovering HEALTH in the ugliest place ...



Never forget our primary purpose ...

Why is it not our Key Measure of Success? ...

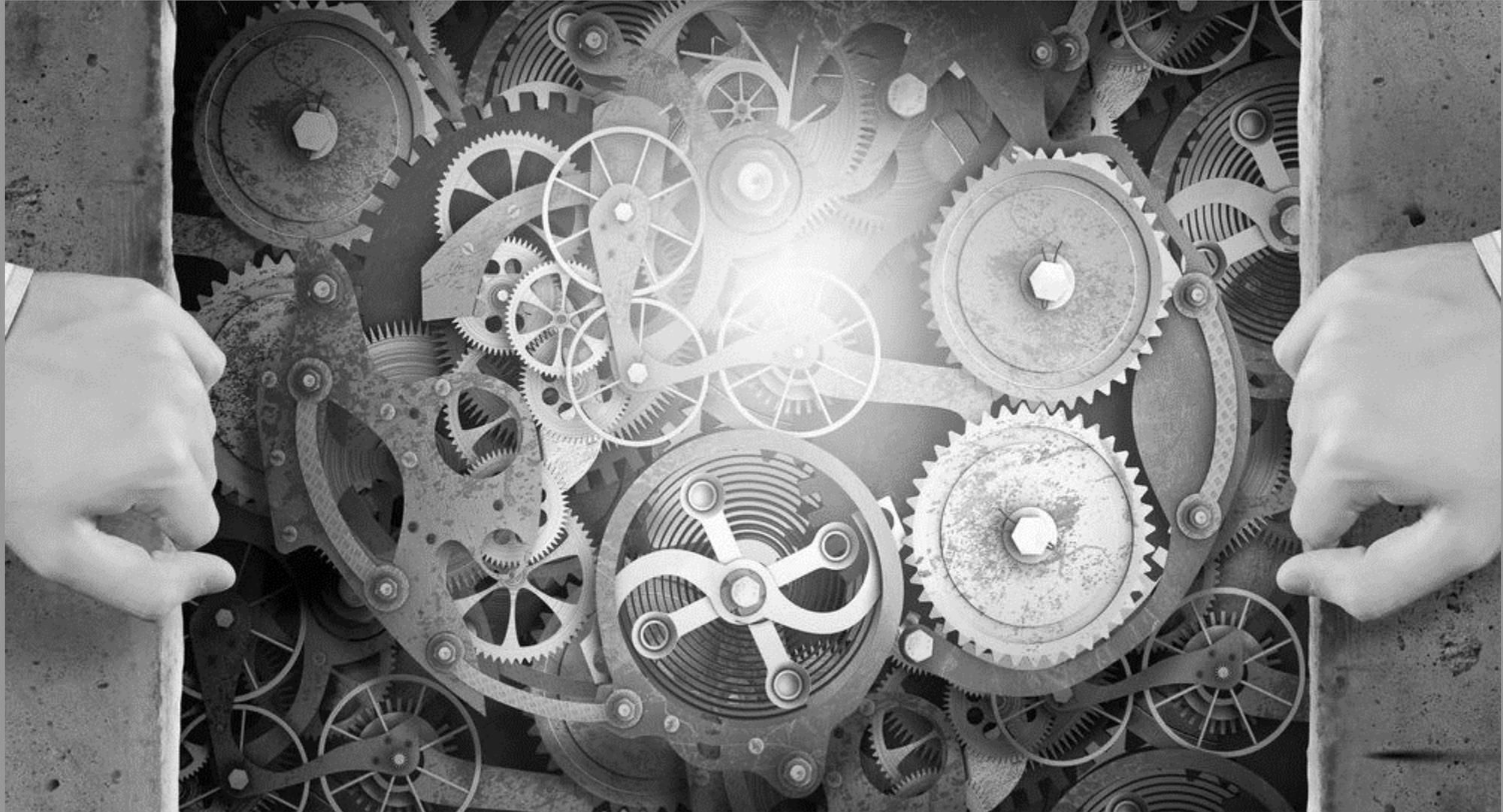
HEALTH



Introduction ... Let's Understand the Ever-Changing "Music"



Healthcare Has Many Moving Parts ...



Let's Start There ...

The basic concepts of
healthcare ...



- Cost
 - Total
 - Personal
- Quality
 - Safety
 - Health
- Access
 - Availability
 - Equity
 - Literacy
- Experience
 - Simple
 - “Customer” Centered
 - Integrator

But First ...



October 2019 in NY City



- Global cooperation via WHO
- Partnership with essential corporations
- Sustain travel and trade to assure economic health
- Assure resource investment in focused industry response
- Better preparedness
- Protect economic health
- Combat mis/dis-information with govt/pvt partnership

COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)



Global Cases

46,360,945

Cases by Country/Region/Sovereignty

9,170,430 US
8,184,082 India
5,535,605 Brazil
1,624,648 Russia
1,458,999 France
1,185,678 Spain
1,166,924 Argentina
1,073,809 Colombia
1,038,054 United Kingdom
924,962 Mexico
902,503 Peru
725,452 South Africa
709,335 Italy
620,491 Iran

Admin0 Admin1 Admin2

Last Updated at (M/D/YYYY)

11/1/2020, 12:24 PM



Cumulative Cases Active Cases Incidence Rate Case-Fatality Ratio Testing Rate

190

countries/regions

Lancet Inf Dis Article: Here. Mobile Version: Here. Data sources: Full list. Downloadable database: GitHub, Feature Layer. Lead by JHU CSSE. Technical Support: Esri Living Atlas team and JHU APL. Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: Slack, Github and AWS. Click [here](#) to donate to the CSSE dashboard team, and other JHU COVID-19 Research Efforts. FAQ. Read more in

Global Deaths

1,198,498

230,811 deaths US
159,884 deaths Brazil
122,111 deaths India
91,753 deaths Mexico
46,807 deaths United Kingdom
38,826 deaths Italy
27,057 deaths Iran

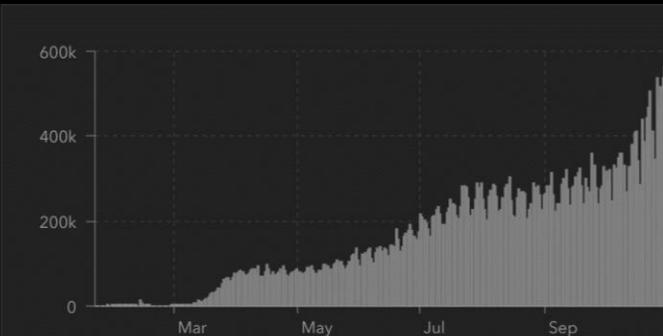
Global Deaths

US State Level

Deaths, Recovered

33,523 deaths, 79,717 recovered New York US
18,465 deaths, 782,006 recovered Texas US
17,667 deaths, recovered California US
16,789 deaths, recovered Florida US
16,354 deaths, 37,127 recovered New Jersey US

US Deaths, Recovered



Daily Cases

What Covid-19 Reveals About Us(S) ...

“Unfortunately, the American population is very diverse, and it is a **population with significantly unhealthy comorbidities** that do make many individuals in our communities — in particular, African American, minority communities — particularly at risk here because of significant underlying ... health disparities and disease comorbidities, and that is an **unfortunate legacy in our health care system** that we certainly do need to address,”

Alex Azar

Per Don ...

The very things we need to “fight” this pandemic, we Americans resist ...

Compliant society
Caring about others
Healthy population
Trust of authority
Respect
Patience

“Wear the Mask” Should be Simple ... But ...



What have we learned?

- Unhealthy population in the US
- No certainty ... science and tech cannot solve it all
- Politics and the truth ...
- Anthro-Cultural values ... uniquely American
- Integration and interoperability
- Supply chain
- Preparedness
- Data VS Information VS Knowledge
- Staff and workforce well being and roles
- Healthcare may be “blind to change” itself
- Insurance
- Patient needs and expectations
- Ethics



We Love Our Heroes ...
but that is not sustainable

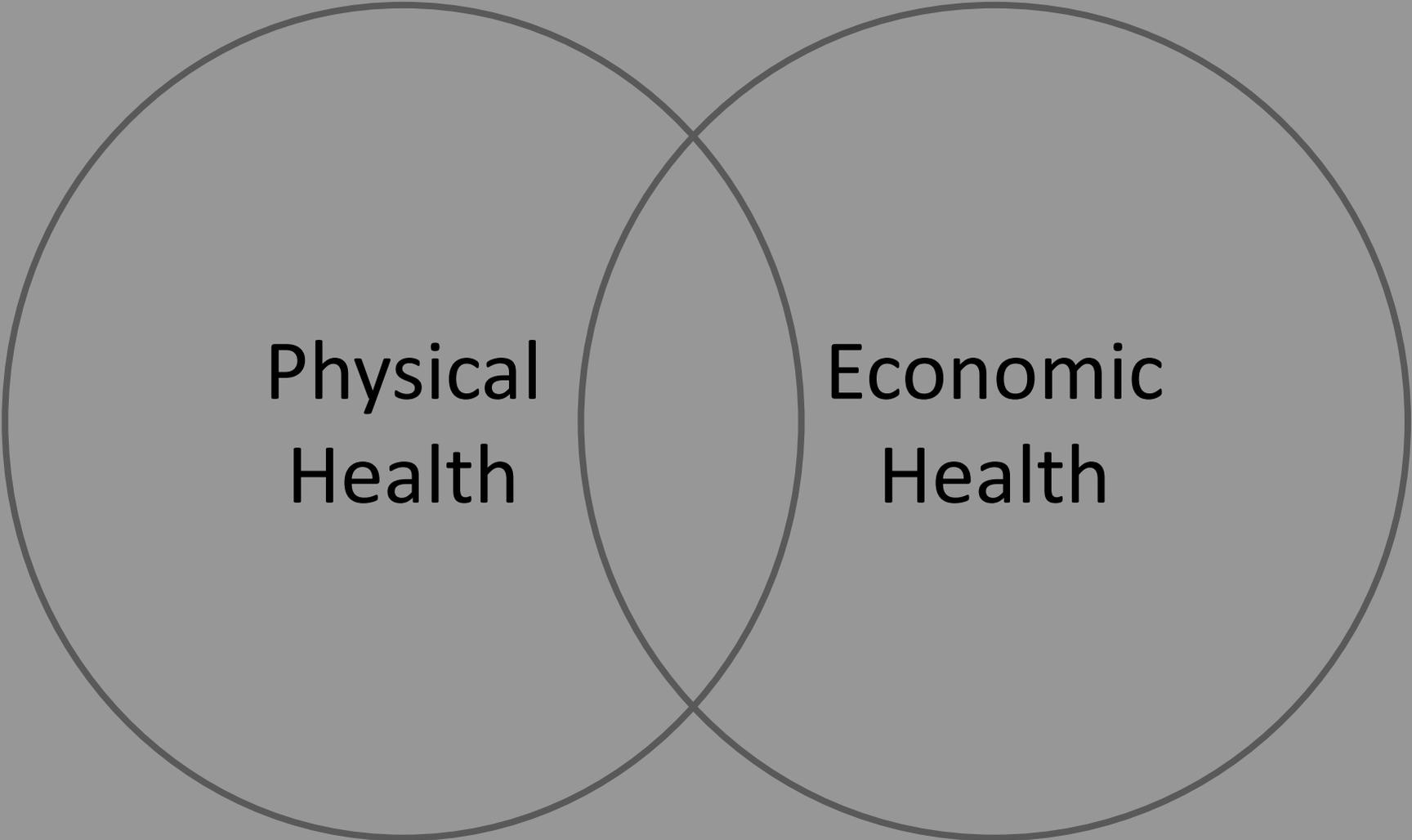




First, a Vaccine Approval. Then ‘Chaos and Confusion.’

Come spring, Americans may have their choice of several so-so coronavirus vaccines — with no way of knowing which one is best.

To Achieve Real Health ...





Back to Reality ... So Where Are We?

The basic concepts of
healthcare ...



- Cost
 - Total
 - Personal
- Quality
 - Safety
 - Health
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 - Literacy
- Experience
 - Simple
 - “Customer” Centered
 - Integrator

Cost

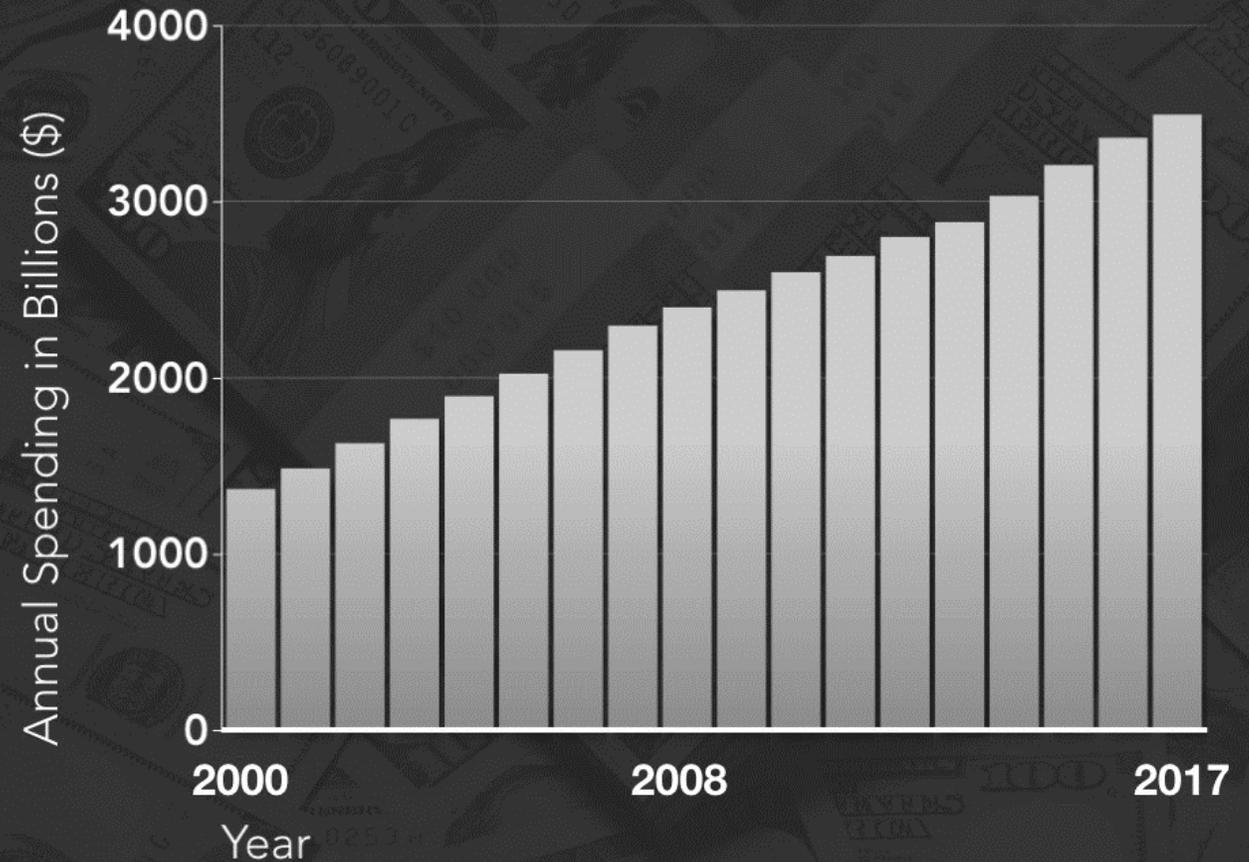


And 2020 will
have an *

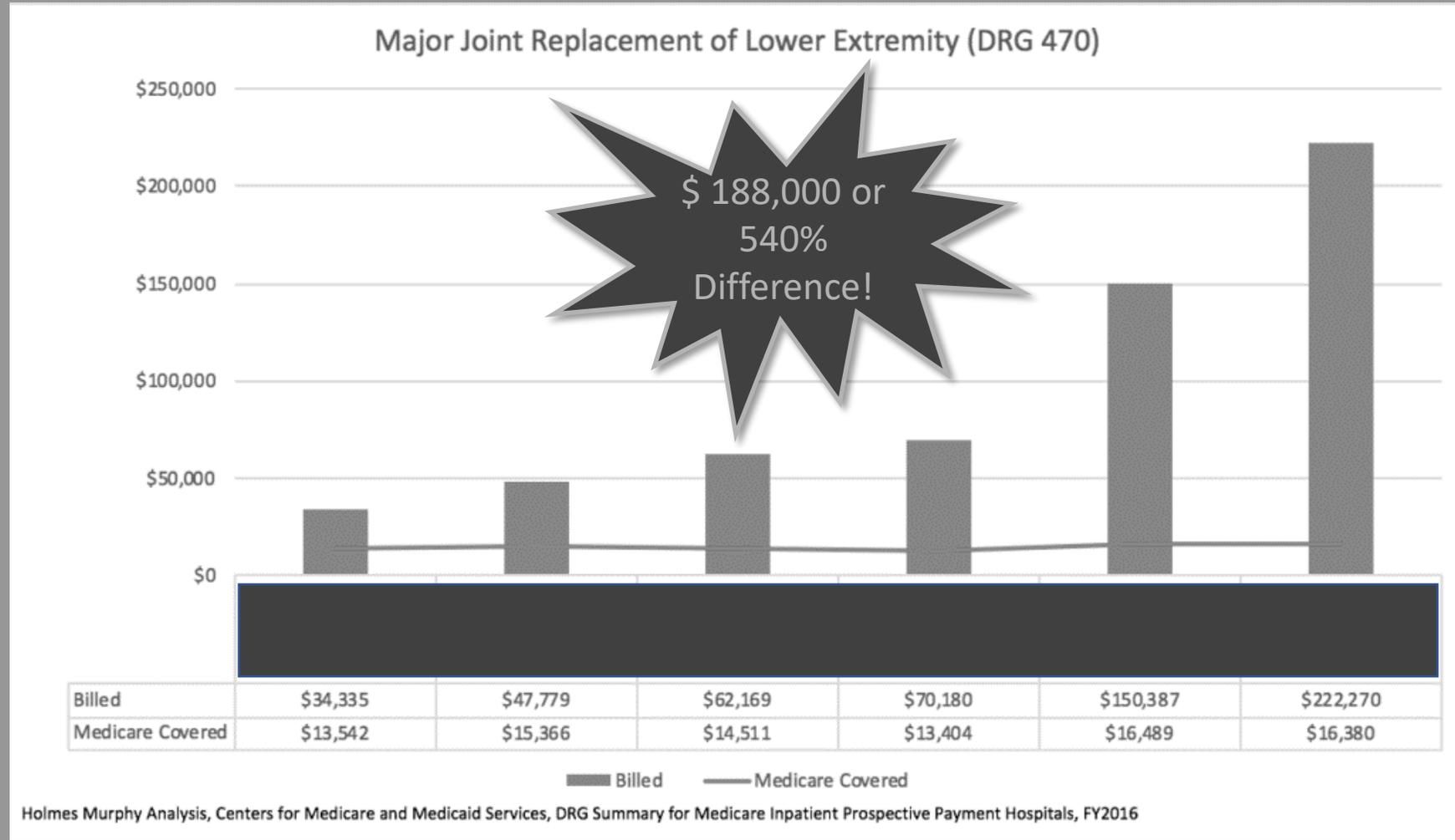
Total Healthcare Costs in the US

Total US Healthcare spending continues to grow with population growth and cost growth.

Total US Healthcare Spending



Dallas – Ft Worth DRG 470 – Major Joint Rpmt



CORONAVIRUS

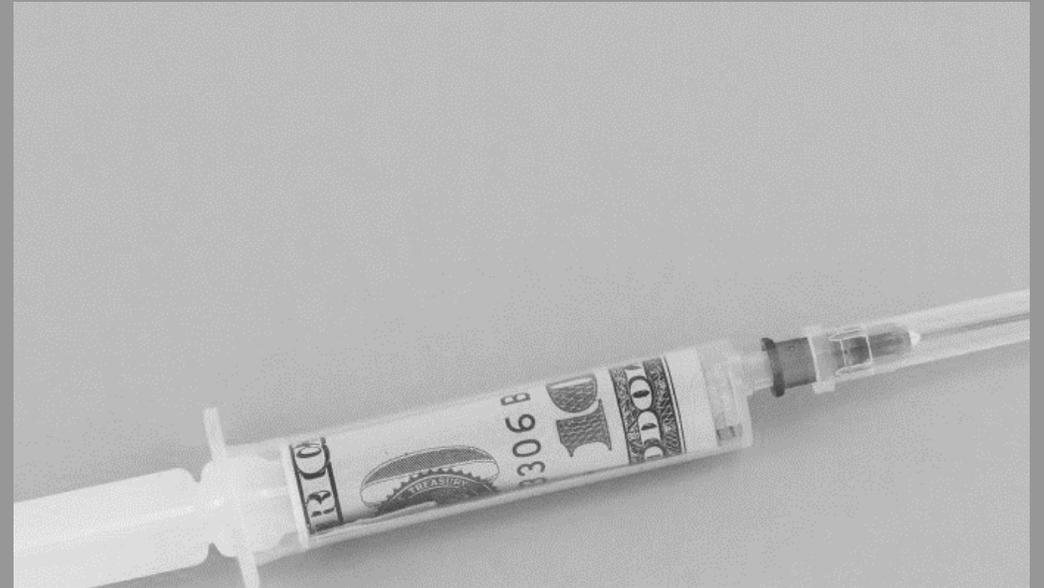
A Doctor Went to His Own Employer for a COVID-19 Antibody Test. It Cost \$10,984.

Physicians Premier ER charged Dr. Zachary Sussman's insurance \$10,984 for his COVID-19 antibody test even though Sussman worked for the chain and knows the testing materials only cost about \$8. Even more surprising: The insurer paid in full.

by Marshall Allen · Sept. 5, 5 a.m. CDT

\$ 28.39

\$ 16.94



Only Half of Patients Understand Their Bill

- **"Transparency is here to stay ...** as consumers shoulder more of the burden of healthcare costs, providers will need to have an innovative patient financial experience and engagement strategy that meets **patient as payer.**"
- Younger generations are more likely to be **researching costs** compared to older generations (90% of Gen Zers, and 87% of Millennials, versus 69% of Baby Boomers).
- In addition, 47% of recent patients chose their **healthcare provider based on cost.**
- 33% of Gen Zers and 29% of Millennial patients reported their health **insurance coverage was impacted due to the pandemic**, compared to 22% of overall respondents; 18% of Gen X; and 12% of Baby Boomers



Final Rule - Transparency

CMS Administrator Seema Verma hailed the final rule as "perhaps the most consequential healthcare reform in the last several decades."

KEY TAKEAWAYS

- The final rule, which takes effect on January 1, 2021, requires private group health plans and individual health insurance market plans to disclose pricing and cost-sharing information in a consumer-friendly format.
- The rule has drawn the ire of stakeholders because of a provision that health insurance companies must publicly disclose "in real time" the rates they pay providers for specific services.
- The rule also requires payers to provide personalized estimates of patients' out-of-pocket cost for 500 of the "most shoppable items and services," along with the costs for the remaining procedures, drugs, and any other item or service they may need.

Note: This HHS-approved document will be submitted to the Office of the Federal Register (OFR) for publication and has not yet been placed on public display or published in the Federal Register. The document may vary slightly from the published document if minor editorial changes have been made during the OFR review process. The document published in the Federal Register is the official HHS-approved document.

[Billing Code: 4830-01-F; 4510-29-F; 4120-01-F]

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Part 54

[TD 9929]

RIN 1545-BP47

DEPARTMENT OF LABOR

Employee Benefits Security Administration

29 CFR Part 2590

RIN 1210-AB93

DEPARTMENT OF HEALTH AND HUMAN SERVICES

45 CFR Parts 147 and 158

[CMS-9915-F]

RIN 0938-AU04

Transparency in Coverage

AGENCY: Internal Revenue Service, Department of the Treasury; Employee Benefits Security Administration, Department of Labor; Centers for Medicare & Medicaid Services, Department of Health and Human Services.

ACTION: Final rule.

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This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

October 28, 2020

"The proposal does nothing to help patients understand their out-of-pockets costs,"

AHA General Counsel Melinda Hatton

Shift in Physicians Thought Regarding the Single Payer:

“Consider last year’s Kaiser Family Foundation’s analysis of the August, 2017 Merritt Hawkins survey of 1,033 US physicians which showed for the first time a plurality of US physicians favored movement to a Single Payer system. Compared to 2008, when 58 percent of physicians opposed such a shift, 56 percent now support it (42 percent “strongly”, 14 percent “somewhat”).”

Healthcare is about imperfect caregivers, taking care of imperfect patients, under imperfect circumstances.

Dr Keith Argenbright

Family Medicine, UTSW

Doctors group breaks from health care industry with support for 'Medicare for All'

BY PETER SULLIVAN - 02/11/20 06:00 AM EST

6,435 SHARES

SHARE

TWEET



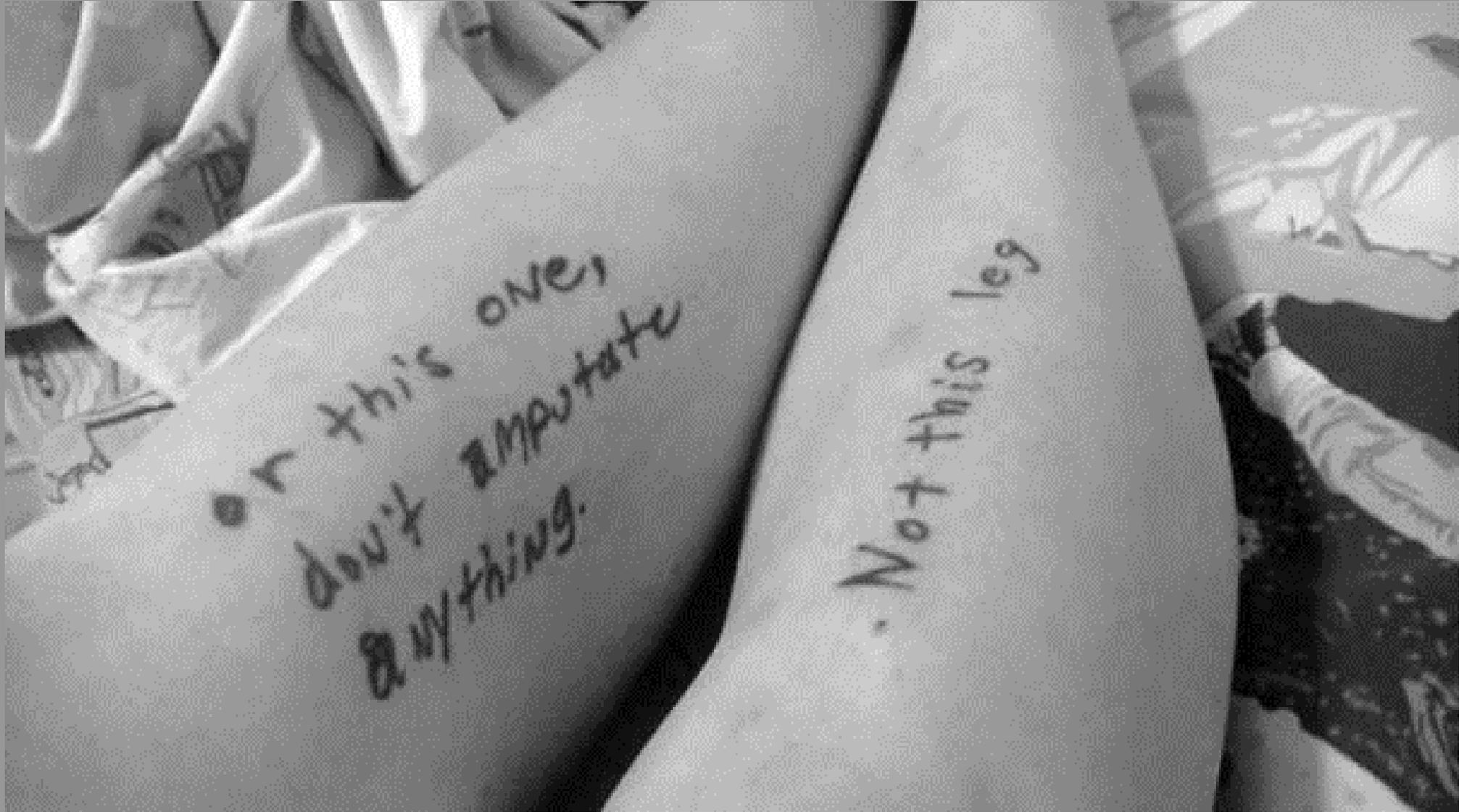
Almost the entire health care industry is lined up against “Medicare for All.” Hospitals oppose it. Insurance companies oppose it. Drug companies oppose it.

But not the American College of Physicians (ACP). That group made waves last month when it broke with other leading health players to endorse Medicare for All, along with an optional government plan, as a way to get to universal coverage.



Quality





Per 2019 Gallup Report

AMONG 36 OECD NATIONS, THE UNITED STATES RANKS:

- 28th in the life expectancy of its residents,
- 31st in infant mortality and
- 16th in heart attack mortality, but is
- 1st in the highest healthcare costs per person.

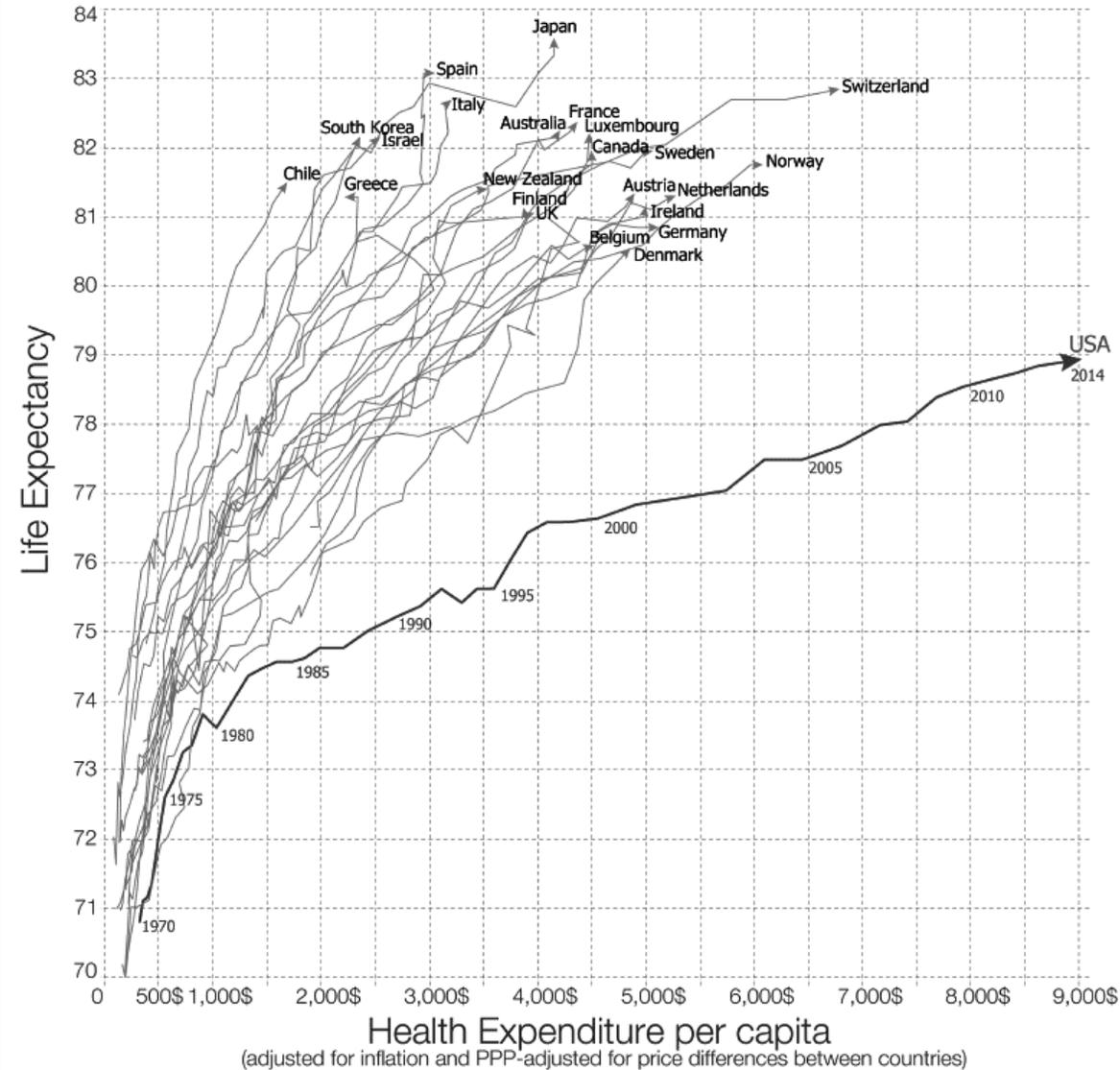
US Healthcare Cost Crisis, Gallup, 2019

- Among younger adults ages 25-44, the death rate rose 21 percent for whites and blacks and 13 percent for Hispanics between 2012 and 2017. Most died of injuries such as drug overdoses, suicides, homicides and heavy use of alcohol.
- Among middle-aged adults ages 45-64, death rates rose by 6.9 percent for whites and 4.2 percent for blacks. The Hispanic death rate in this cohort did not change significantly.
- The analysis further illuminates negative health trends across the U.S., where the opioid epidemic and heart disease are decreasing life expectancy.



Life expectancy vs. health expenditure over time (1970-2014)

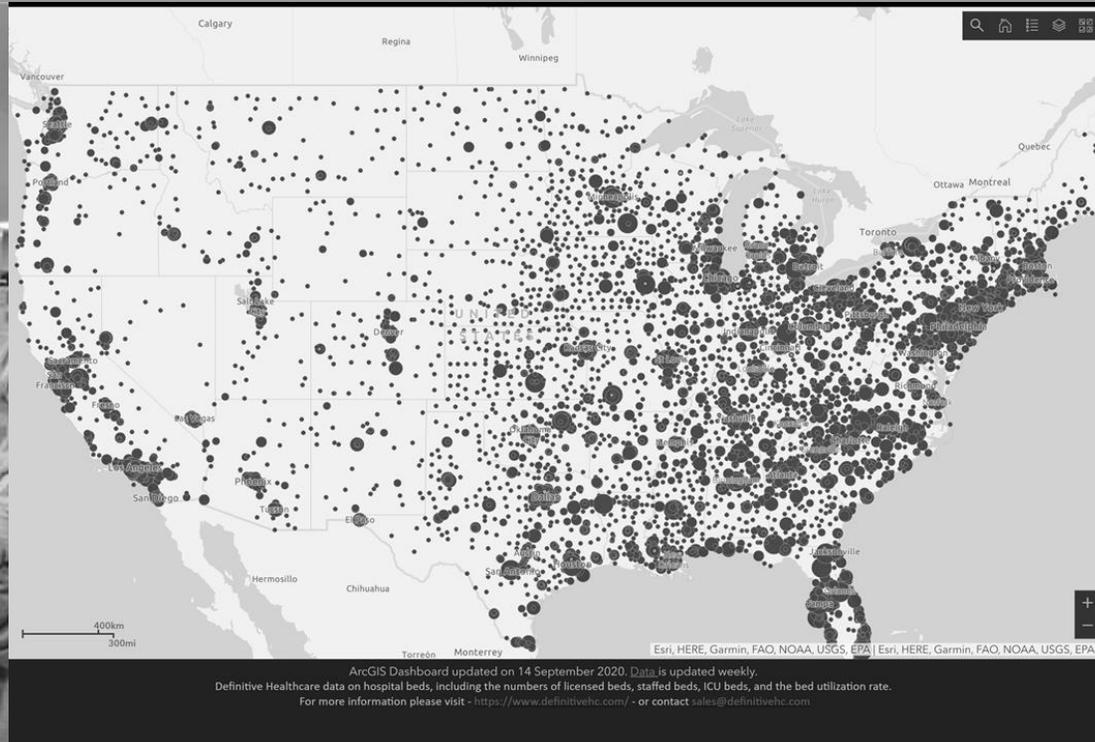
Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).



Data source: Health expenditure from the OECD; Life expectancy from the World Bank. Licensed under CC-BY-SA by the author Max Roser. The data visualization is available at OurWorldinData.org and there you find more research and visualizations on this topic.

We assume all care quality is equal ...

AND that ours is best! ... Is it? Were we Ready?



92,556
Total # of ICU Beds

49.3%
Average Bed Utilization Rate

Potential Increase in Bed Capacity
159,824
Current Total Staffed Beds 847,511

23,283
Average Ventilator Usage

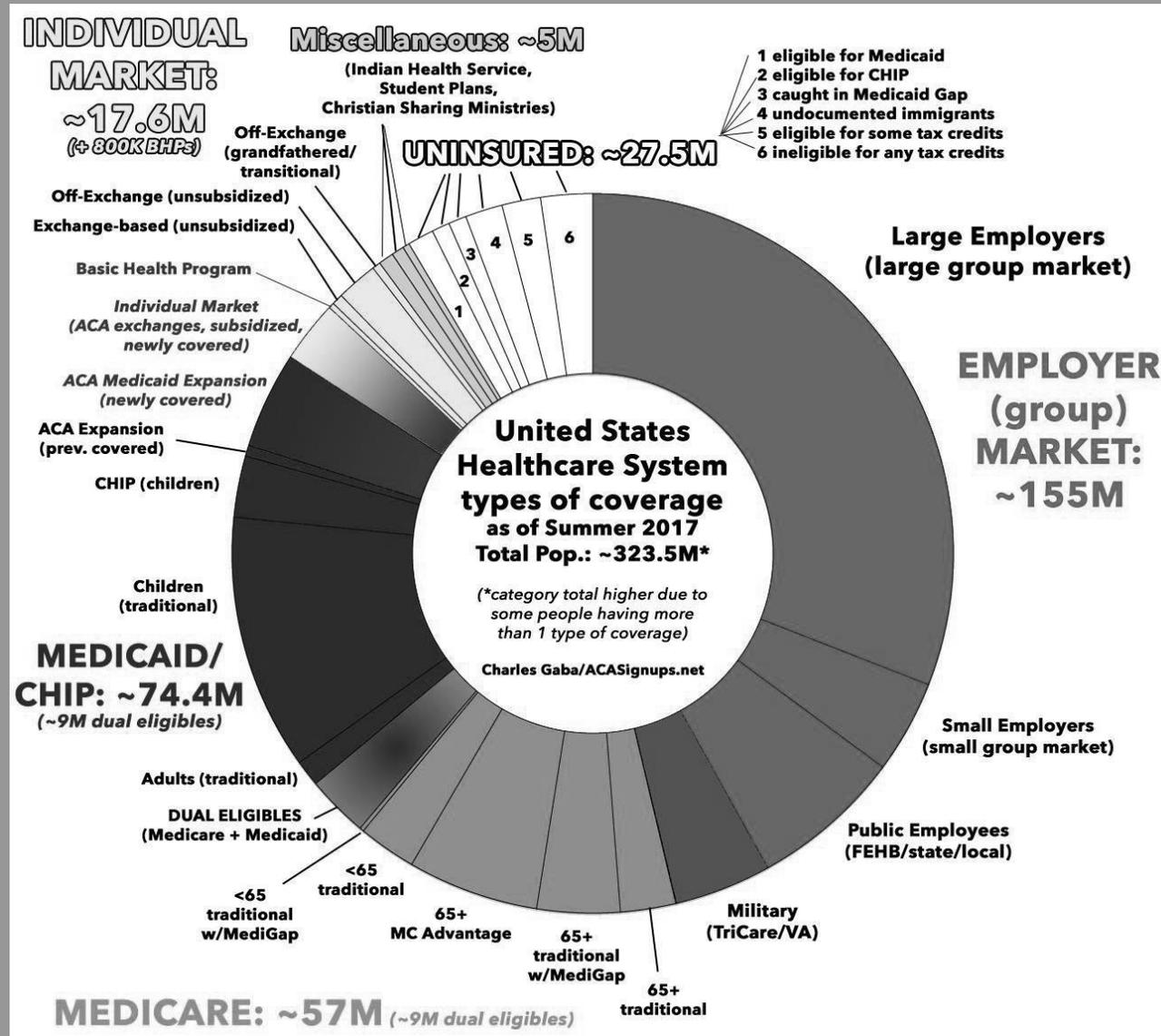
High Reliability Organizations ...



Access



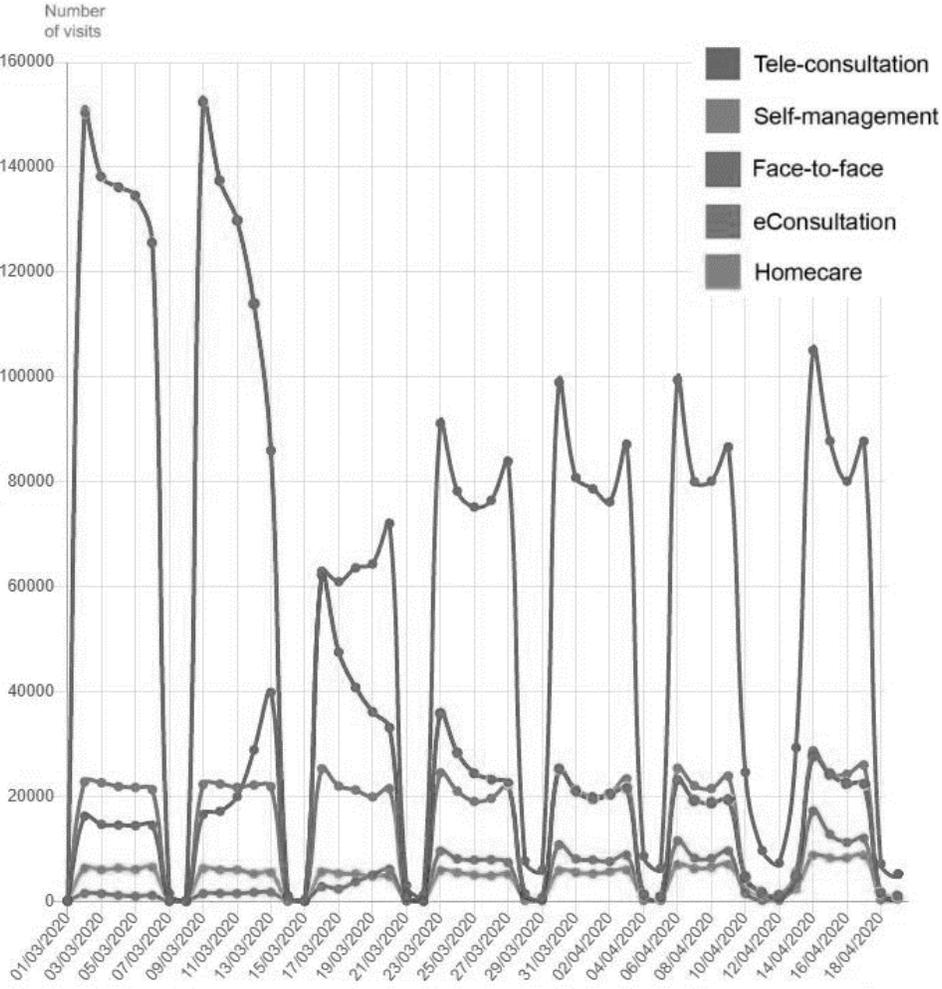
The Psychedelic Donut: Types of Coverage in the U.S.



United States Healthcare System types of coverage as of Summer 2017
estimates by Charles Gaba / ACASignups.net

Type of Coverage	Number	Percent
Employer - Lg. Group (Private)	100,000,000	31.0%
Employer - Sm. Group (Private)	13,500,000	4.2%
Employer (Fed/State/Local Gov't)	22,000,000	6.8%
Employment-Based (TriCare, VA)	14,000,000	4.3%
SHOP (ACA Exchange Sm. Biz)	100,000	0.0%
Medicare 65+	8,000,000	2.5%
Medicare >65 w/MediGap	12,000,000	3.7%
Medicare Advantage 65+	19,000,000	5.9%
Medicare <65	8,400,000	2.6%
Medicare <65 w/MediGap	600,000	0.2%
DUAL ELIGIBLES	9,000,000	2.8%
Medicaid (Adults)	3,800,000	1.2%
Medicaid (Children)	37,100,000	11.5%
CHIP (Children)	8,900,000	2.8%
Medicaid Expansion	1,600,000	0.5%
Medicaid Expan. (newly covered)	14,000,000	4.3%
Exchange-Based (Subsidized)	9,000,000	2.8%
Basic Health Program	800,000	0.2%
Exchange-Based (Unsubsidized)	1,600,000	0.5%
Off-Exchange (ACA Compliant)	6,000,000	1.9%
Off-Exchange (GF/Transitional)	1,200,000	0.4%
Indian Health Service	2,200,000	0.7%
Student/University Plans	1,800,000	0.6%
Christian Sharing Ministries	1,000,000	0.3%
Uninsured - Medicaid Eligible	3,800,000	1.2%
Uninsured - CHIP Eligible	2,600,000	0.8%
Uninsured - Medicaid Gap	2,600,000	0.8%
Uninsured - Undoc. Immigrants	5,400,000	1.7%
Eligible for Tax Credits	5,600,000	1.7%
Ineligible for Tax Credits	7,500,000	2.3%
TOTAL	323,100,000	100.0%

Changes in Access ...And Expectations



53% of Patients
Are Now Afraid to
Go To a Healthcare
Setting

Office visits vs. telehealth visits

For 37 healthcare systems in the U.S.

— Office Visits — Telehealth Visits

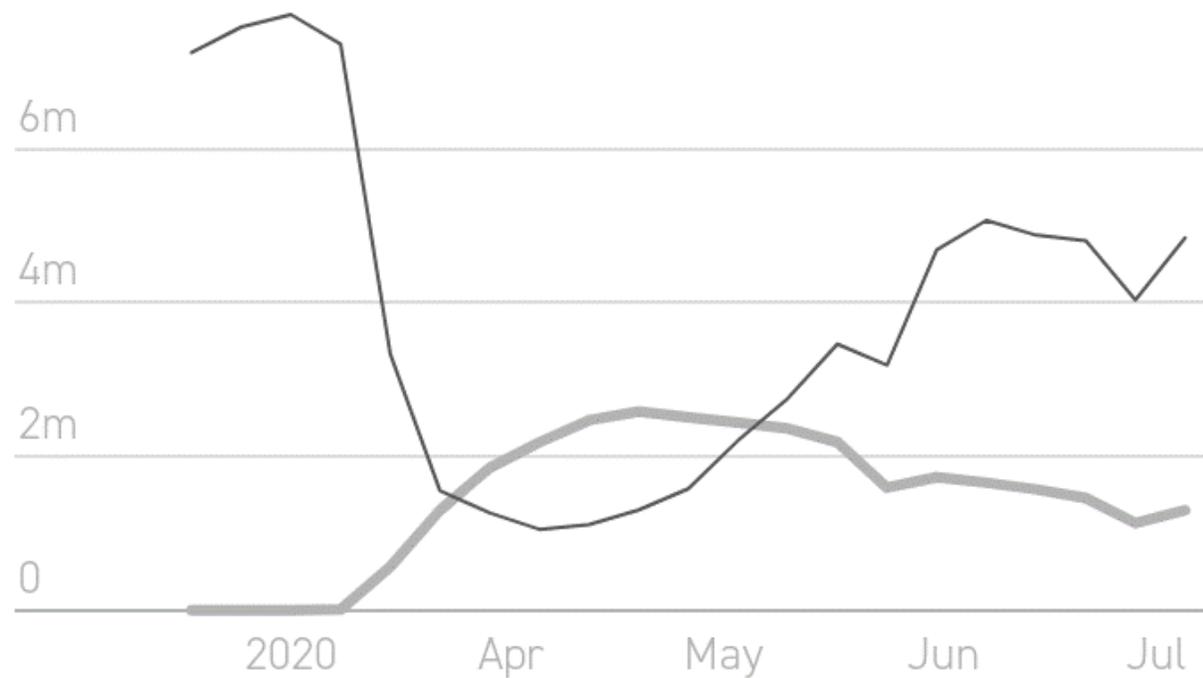


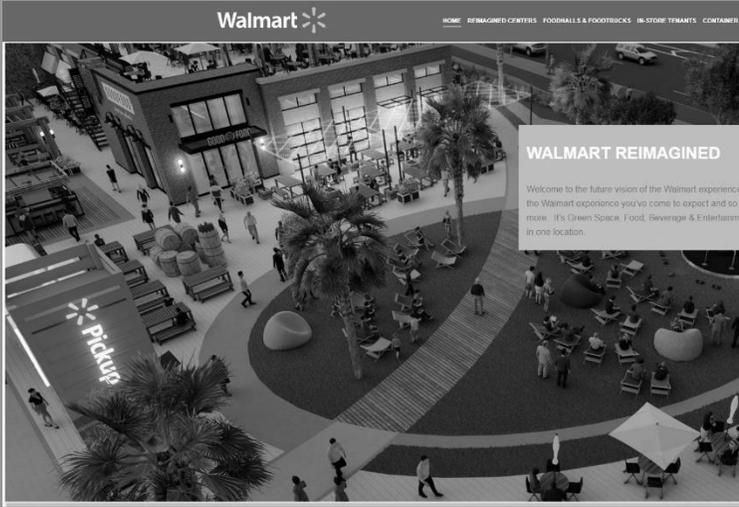
Chart: Darius Tahir/POLITICO •
Source: Epic Health Research Network

Walmart Town Center ... And Walmart Health Clinics!

“The customer is at the heart of everything we do, and that focus is reflected in the new Walmart Health center. This state-of-the-art facility will provide quality, affordable and accessible healthcare for members of the Dallas, Georgia, community so they can get the right care at the right time, right in their hometown.”



Walmart's new health center aims to price a wide range of services at 30%–50% below what patients have been paying elsewhere. It's exactly the sort of move that has worried hospitals.



Walmart Health

Summarized Pricing List for Dallas, GA Store #3403

Primary Care Basic Services	Price
Office Visit	\$40.00
Annual Checkup - Adult	\$30.00
Annual Checkup - Youth	\$20.00

Primary Care Add-ons	Price
Lipid Test	\$10.00
A1C Test	\$10.00
Pregnancy Test	\$10.00
Flu Test	\$20.00
Strep Test	\$20.00
Mono Test	\$20.00
Stitches & Other	\$115.64*

Counseling Services	Price
Individual Counseling, Existing Patient (45 minutes)	\$45.00
New Patient Therapy Intake	\$60.00

Dental Services	Price
Patient Exam (Including X-Rays)	\$25.00
Teeth Cleaning - Adult	(Starting at) \$25.00
Teeth Cleaning - Youth	(Starting at) \$15.00
Porcelain Crown	\$675.00*
Teeth Whitening, in Office	\$225.00
Deep Cleaning (Per Quad)	\$75.00
Emergency Treatment for Dental Pain	\$50.00
Filling	\$75.00 - \$125.00

Optometry Services	Price
Routine Vision Exam	\$45.00
Contact Lens Fitting	\$55.00

*Charges shown are the average prices customers are expected to pay for these specific services, but actual cost will be determined on a case by case basis
As of 9/11/2019

Optometry Services

Routine Vision Exam	\$45
Contact Lens Fitting	\$55

Dental Services

Dental Exam (including x-ray)	\$25
Adult Teeth Cleaning starting at	\$25
Youth Teeth Cleaning starting at	\$15

Make an appointment today:
WalmartHealth.com

Know your medical bill **before you get it.**

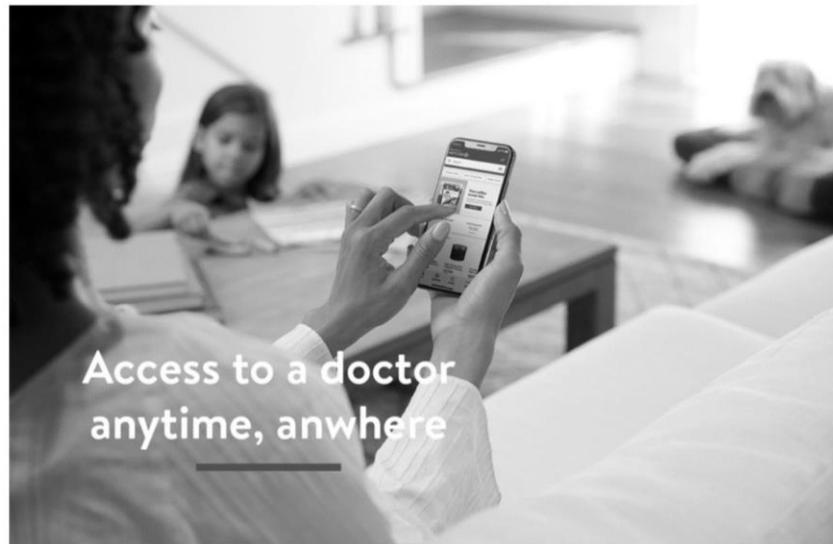
Mon-Sat
7:30am - 7:30pm
Sunday
10am - 6pm
Walk in anytime!

\$1 Telehealth Visits ...

Sam's Club Teams Up with 98point6 to Offer Exclusive Subscription Plan Options with the 98point6 Mobile App



Press Kit



Collaboration offers a members-only introductory fee

Related News:



Christopher Shryock named Sam's Club Chief People Officer

September 14, 2020



Rewarding our Sam's Club family

July 21, 2020



A Simple Step to Help Keep You Safe: Walmart and Sam's Club Require Shoppers to Wear Face Coverings

July 15, 2020

Experience



“Through their eyes A heightened awareness”

The story from the VA

Emerging Change - Rise in healthcare consumerism ...

- Powerful Drivers for Consumerism

- Expectations – now being compared to other industries
- Financial – more cost shifting to consumers
- Transparency – means to improve quality and informed choice
- Physician influence – is being challenged by primary care options and disruptors
- Brand loyalty and equity – who they trust with consumer purchasing

www.joepatient.com



Are health systems going to build enough loyalty to compete with the major brands and other industries?

How to Become a Better Consumer of Healthcare

Be Knowledgeable

Know your medical history. Know the rules of your insurance plan. Know the strengths/weaknesses of various hospitals and other providers available to you.

Be Proactive

Plan ahead. Don't wait until you have a medical emergency to learn about your options. Take responsibility now. Identify each hospital's unique expertise before you need services. When possible, select a health plan that allows you access to the providers of your choice.

Ask Questions

Speak up - use your knowledge to probe your doctor's choice of hospital and treatment plans or your employer's choice of health plans. Be an active partner rather than a passive recipient of your healthcare services. Questions to consider

Is surgery or treatment necessary?

What are alternatives?

To what degree would you expect my treatment to vary from the "average"?

Why are you recommending that particular facility?

What services are / are not included in the hospital charges?

How much will my insurance cover? What am I responsible for?

Remember your doctor's decisions about your care are the single most important determinant of your health care cost - his or her choice may be influenced by convenience, financial incentives, or other factors which may not be in your best interest.

The “Silver Tsunami” is real ... and I am becoming one of them

“Being Mortal” by Dr Gawande



- Age 65+ Adults Are Projected to Outnumber Children by 2030
- Median age from 38 to 43 by 2060
- 78% growth 326 million to 404 million by 2060
- 3.5 workers per over 65 to 2.5 workers per over 65

AARP, 2019

“Medicare For All” and Other Ideas ... Did We Start????



Medicare for All? What Does It Really Mean?
Hammon Hanlon Camp, July 2019; Rollo, Bell and Holden

- LOWERING MEDICARE ELIBILITY TO 60???
- 77% of Americans are concerned with healthcare costs (Gallup 2019)
- 70% Support Medicare for All (Reuters 2018)
- Who will pay? 70% rate for higher earners and 27% rate for lower eaners
- No more Medicaid or Private Insurance or Out of Pocket Costs
- Capacity to meet demand?
- Losers and few winners in the provider market

Understand

- The Lown Institute and Washington Monthly
- “ ... we rank hospitals based on their contribution to the public good in three broad categories:
 - patient outcomes (mortality rates etc.),
 - civic leadership (treating lower-income and minority patients etc.),
 - and value of care (avoiding overtreatment).”
- Urban Health Erosion ... “It creates a health care desert on the South Side.”

TOP 20 HOSPITALS

1. JPS HEALTH NETWORK*+
2. Marshall Medical Center
3. UPMC McKeesport
4. Seton Northwest Hospital
5. Mercy Health–West Hospital
6. Providence Portland Medical Center
7. HealthAlliance–Clinton Hospital
8. Memorial Hermann Texas Medical Center*
9. Parkland Health and Hospital System*
10. Boston Medical Center Corporation*+
11. Norton Community Hospital
12. St Luke’s Magic Valley RMC
13. University of Colorado Hospital Authority*
14. Sentara Halifax Regional Hospital
15. Ochsner Medical Center–Baton Rouge
16. Providence Centralia Hospital
17. Penn Presbyterian Medical Center
18. Texas Health Harris Methodist Hospital Cleburne
19. Wellstar Paulding Hospital
20. Oroville Hospital+

*Major teaching

+Safety net

Single Payer System? The “box” has been opened ...

- Changing expectations of government solutions
- Insurers **MUST** pay for all COVID testing and treatment
- Has the CARES Act moved us closer to universal coverage?
- Are we closer to Equity in LIFE? ... HEALTHCARE? ... and Health?

Science -The inside story of how Trump's COVID-19 coordinator undermined the world's top health agency

By [Charles Piller](#) Oct. 14, 2020



... demand that hospitals report 100% of their COVID-19 data every day.

“Anyone who knows the data supply chain in the U.S. knows [getting all the data daily] is impossible” during a pandemic, says one high-level expert at CDC. And they considered Birx’s imperative unnecessary because staffers with decades of experience could confidently estimate missing numbers from partial data.

CDC’s National Healthcare Safety Network (NHSN)—the system used for 15 years to gather crucial data from hospitals—was far from perfect. The network, which collects data from about 37,000 hospitals and other health care facilities, has been underfunded for years.

Hospital (Health Portal) Reporting – National Asset VS Business Asset?



'We feel like we were data shamed'



D A N C E



dance / (dɑːns) /

verb

- 1 (*intr*) to move the feet and body rhythmically, esp in time to music
- 2 (*tr*) to perform (a particular dance)

[SEE MORE](#)

noun

- 6 a series of rhythmic steps and movements, usually in time to music: Related adjective: Terpsichorean
- 7 an act of dancing
- 8 a a social meeting arranged for dancing; ball
b (*as modifier*): a dance hall
- 9 a piece of music in the rhythm of a particular dance form, such as a waltz

[SEE MORE](#)

DERIVED FORMS OF DANCE

danceable, adjective
dancer, noun
dancing, noun, adjective

Let's think about DANCE ...

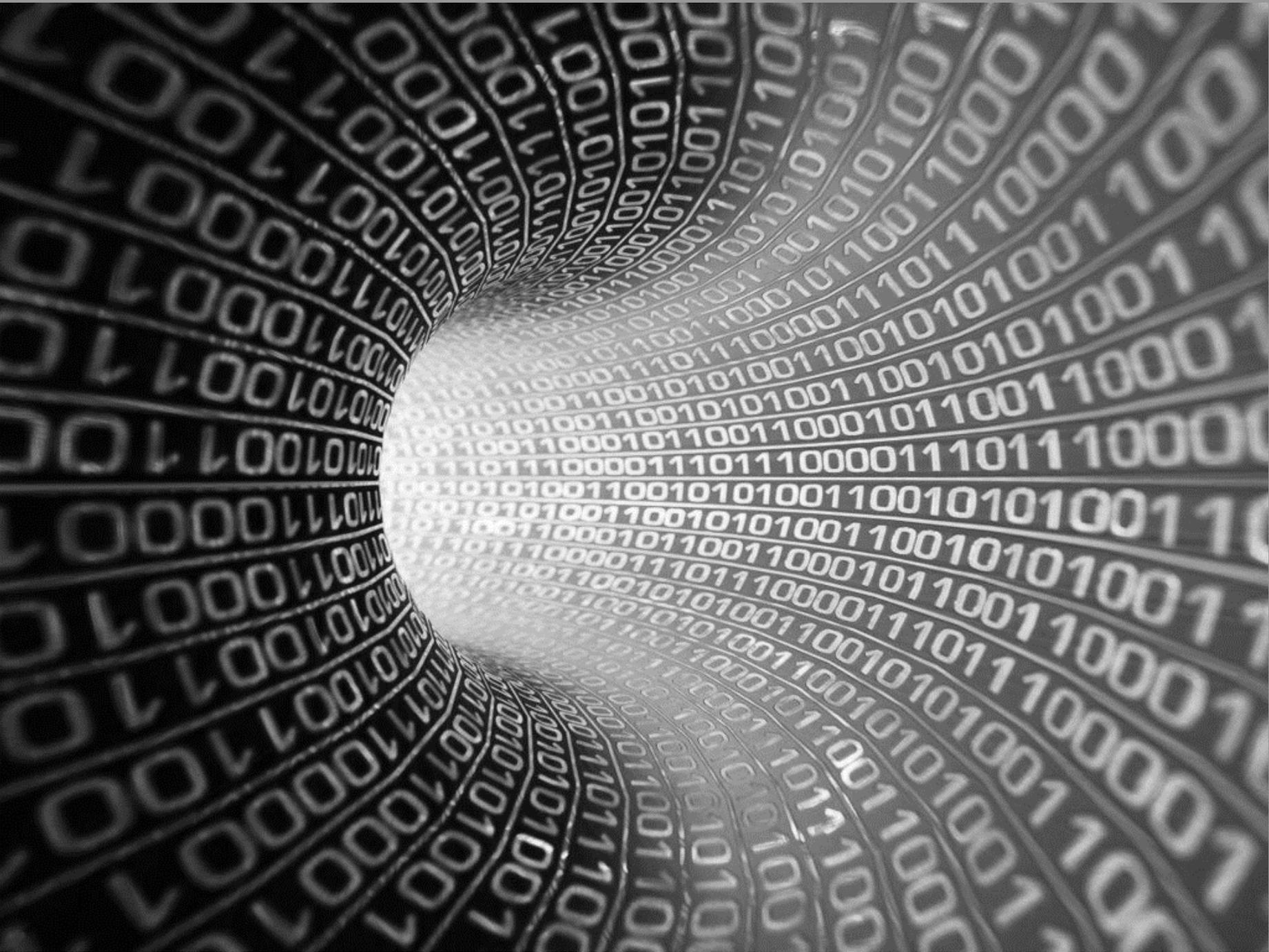
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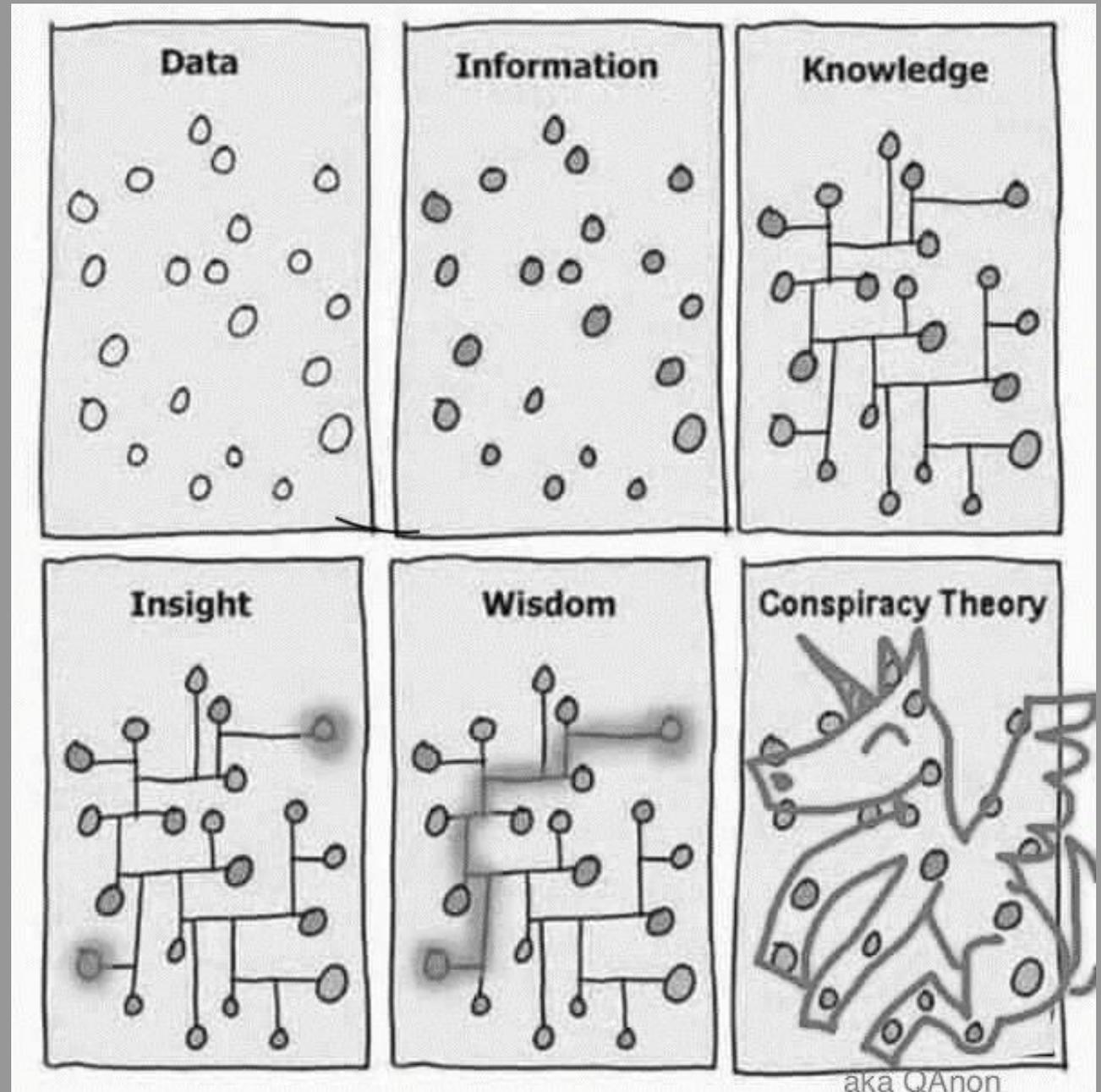
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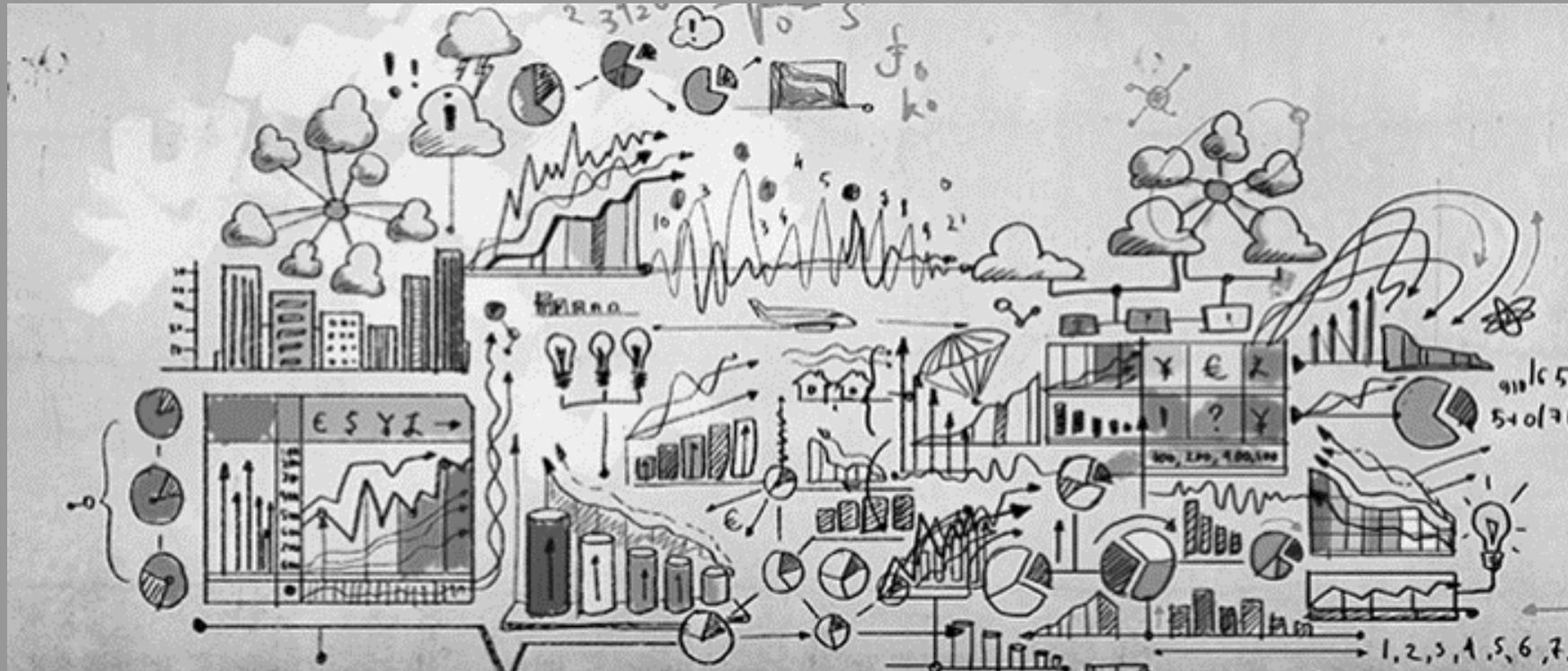
Data



Data



Data must be information



Data must be information that guides you and those you serve ...

Data
Information
Knowledge
Wisdom
Strategy
Execution
Performance
Adjustment
Reward

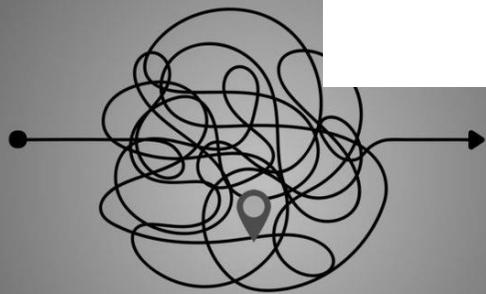


Don't Assume We Are / Were Ready

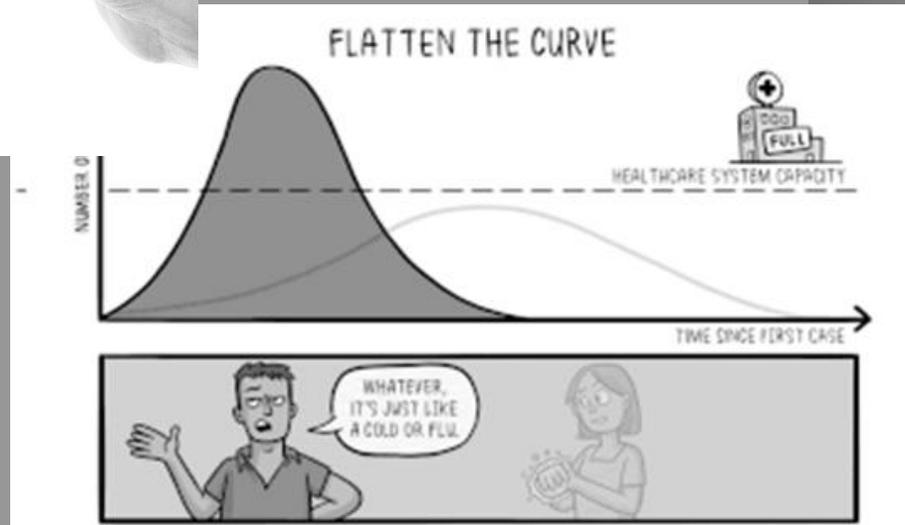
- Exchange of information?
- “Systemness” in a community?
- Supply reliability
- Outcomes and measures?
- Preparedness?
- How are we still vulnerable?
 - Morbidity rates?
 - Offshore sourcing
 - Internet
 - Surge Capacity
- Are we Healthy?



Don't Assume Nothing Will Change



NAVIGATING THE
NEW NORMAL



Don't Assume Nothing Will Change

- Opening of Telemedicine – 50% increase in weeks
 - Why the increased interest? Safety? Reimbursement? Quality?
- Reduced state licensure restrictions
- APPs and growing independency
- Growing gap in capacity VS need (care and social needs)
- Newly defined “care team”
- Home health and alternative settings for recovery
- Retail settings as alternative sites for testing, support, triage and care?
- New model for health insurance – demand is not predictable
- A focus on HEALTH as our healthcare system outcome ... Proof of HEALTH??
- “Wartime” response to production and a new mindset
- Loss of Privacy and Constitutional Issues
- Globalization of the Local ... Reach and influence is worldwide
- A national plan based on lessons learned ... we may need this again



What Will U.S. Health Care Look Like After the Pandemic?
by Robert S. Huckman April 07, 2020

From May 2018

CVS Health[®]

Aetna[™]

Humana

Walmart

Amazon-JPMorgan-Berkshire Hathaway: What Their New Health Venture Really Means



FISHER INVESTMENTS
WHEN TO RETIRE
A Quick and Easy Planning Guide

1

Thinking about retirement? Download our free whitepaper, *When to Retire: A Quick & Easy Planning Guide*. Let us help you prepare to retire comfortably.

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Duke UNIVERSITY





Amazon X or a1.492.

HAVEN

Hal Wolf, the CEO of the non-profit Healthcare Information and Management Systems

Amazon-JPMorgan-Berkshire Hathaway: What Their New Health Venture Really Means

Amazon, Berkshire Hathaway and JPMorgan Chase Team Up to form a new health care company

Beth Israel Deaconess Medical Center

Don't Assume Nothing Will Change



Don't Assume You Know All Their Challenges



Don't Assume "They" Know Your Vision



Don't Assume They Are Resilient Enough ...



Don't Assume



Don't Assume They Know You



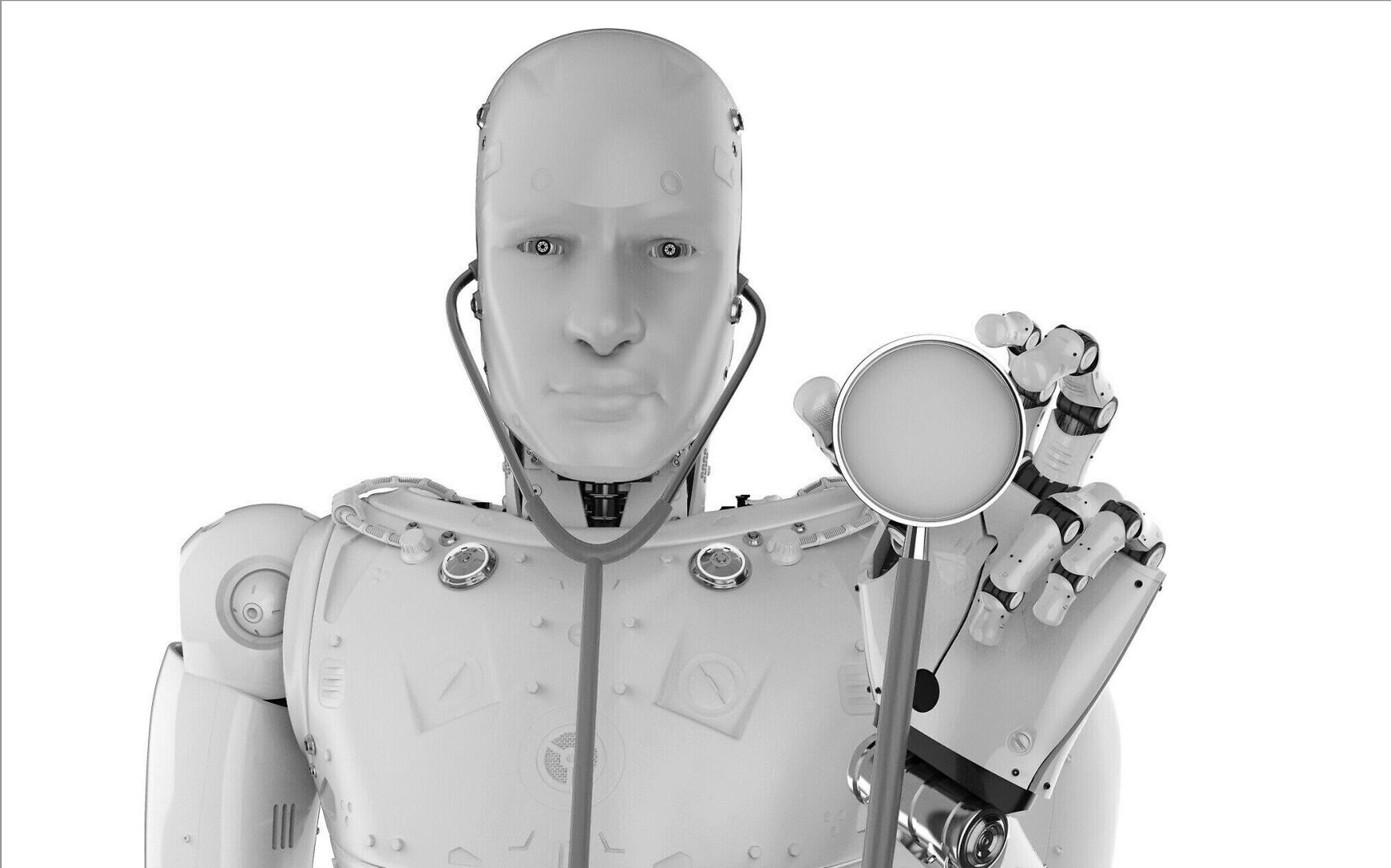
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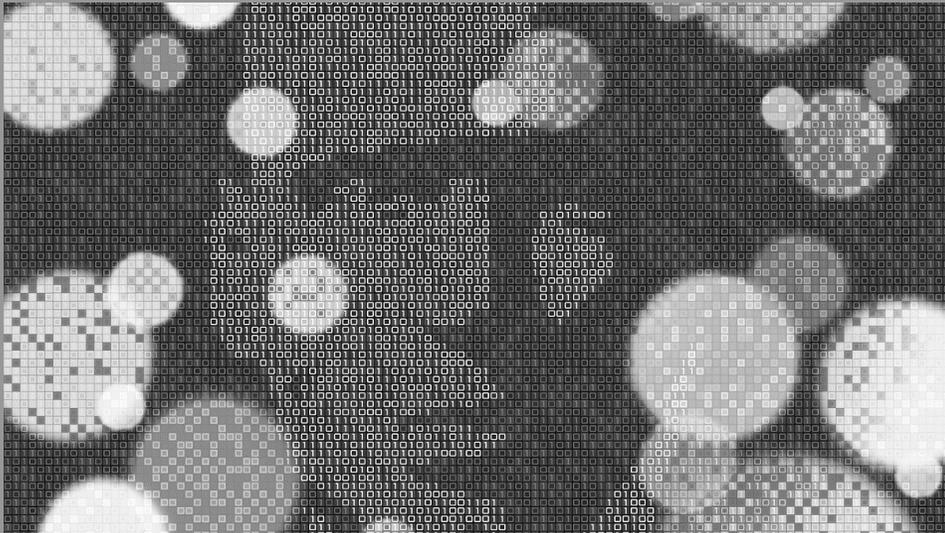
AI's Potential



Care Teams and AI ... Better Caring?



AI's Potential



- Human Augmentation
 - Human 2.0
 - Exoskeletons, Meta
 - NeuraLink – Elon Musk
 - Transcranial Stimulation
- Sensory AI
 - Sensing devices
 - Digital olfaction
- Geographic AI
 - Inequality stats
 - Public health and hotspots
- Only 50% of the world is online (19%)
 - Enhances the disadvantages
 - “The Gods and the Useless”
 - Equity of access
 - Remove inherent bias from input

Ask Questions ... and Listen With Your Eyes



Ask Questions ... and Listen With Your Eyes



Adapt to the new workplace

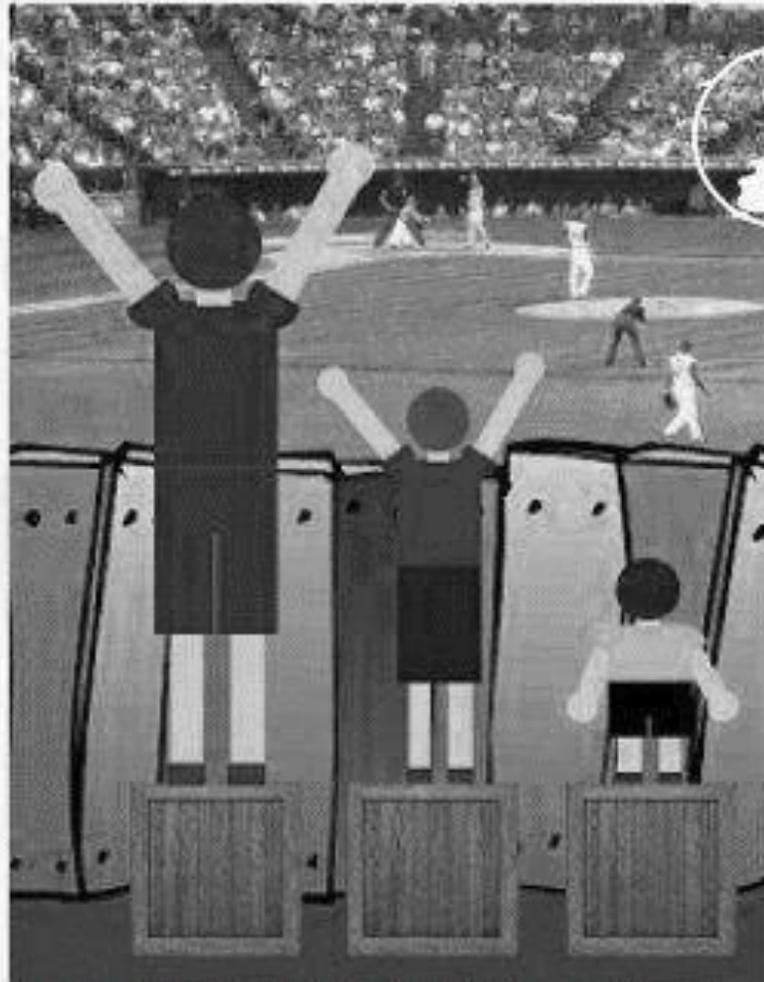
- Digital transformation will accelerate
- Working from home is here to stay ... even in healthcare
- Major reductions in business travel
- Reimagine the physical workplace
- Care to be redefined

Joe Galvin, INC Magazine Oct 20

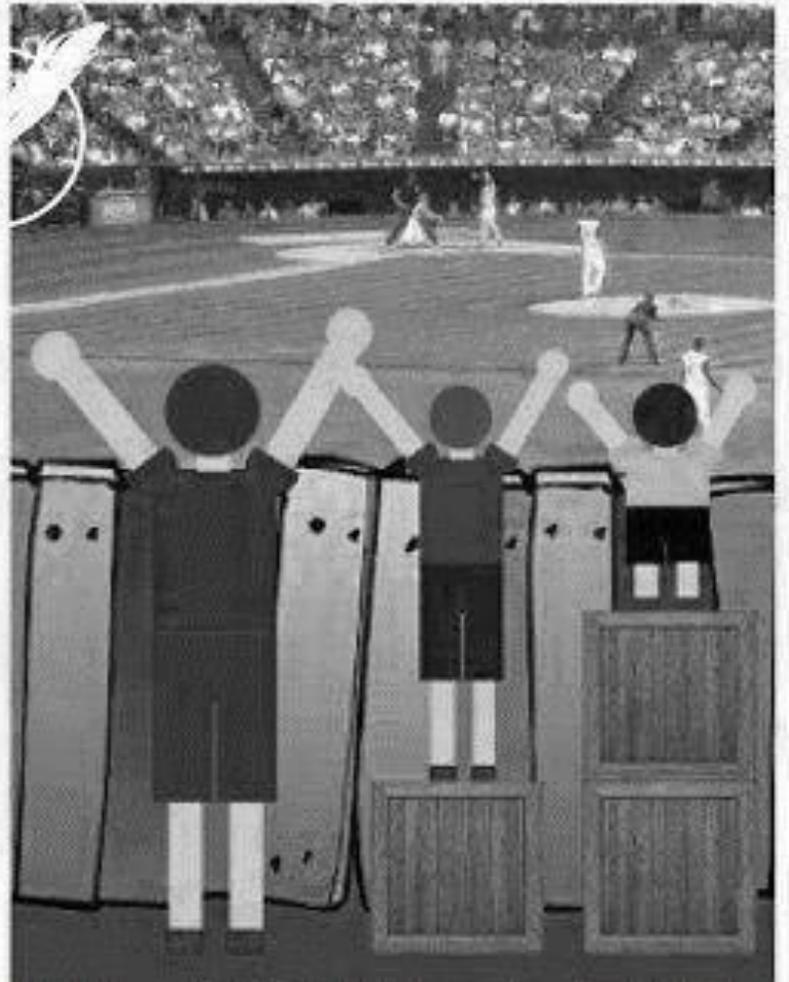


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Equality



Equity



Normalize To Create Trust



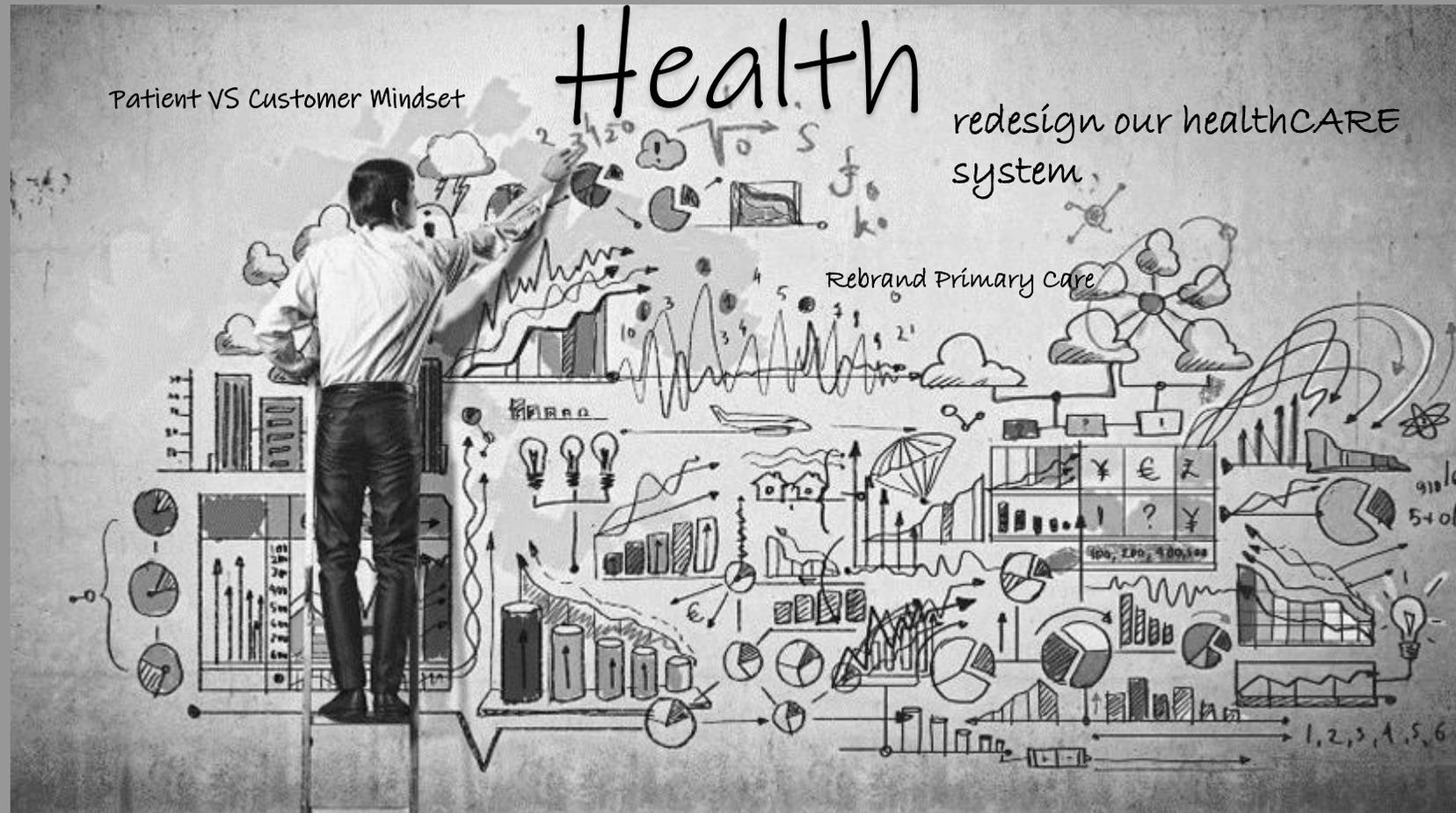
Normalize To Create Health

“Unfortunately, the American population is very diverse, and it is a population with significantly unhealthy comorbidities that do make many individuals in our communities — in particular, African American, minority communities — ***particularly at risk here because of significant underlying ... health disparities and disease comorbidities, and that is an unfortunate legacy in our health care system*** that we certainly do need to address,”

Alex Azar



Normalize To Create Equity and Understanding



Never forget our purpose ... to create Health





The Design for Health ... People-Centered

Dr Don Norman – UC San
Diego



The Design for Health ... People-Centered

Dr Don Norman – UC San
Diego

Never forget our primary purpose ...

HEALTH is our Goal ... Health CARE is just one way to help achieve it ...



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Communication



Connection Relates to People and Culture



Connection

Caregivers ... Caretakers ... Caring ... Careless ... Careful

'No Visitors Allowed'

— How healthcare workers are dealing with new policy

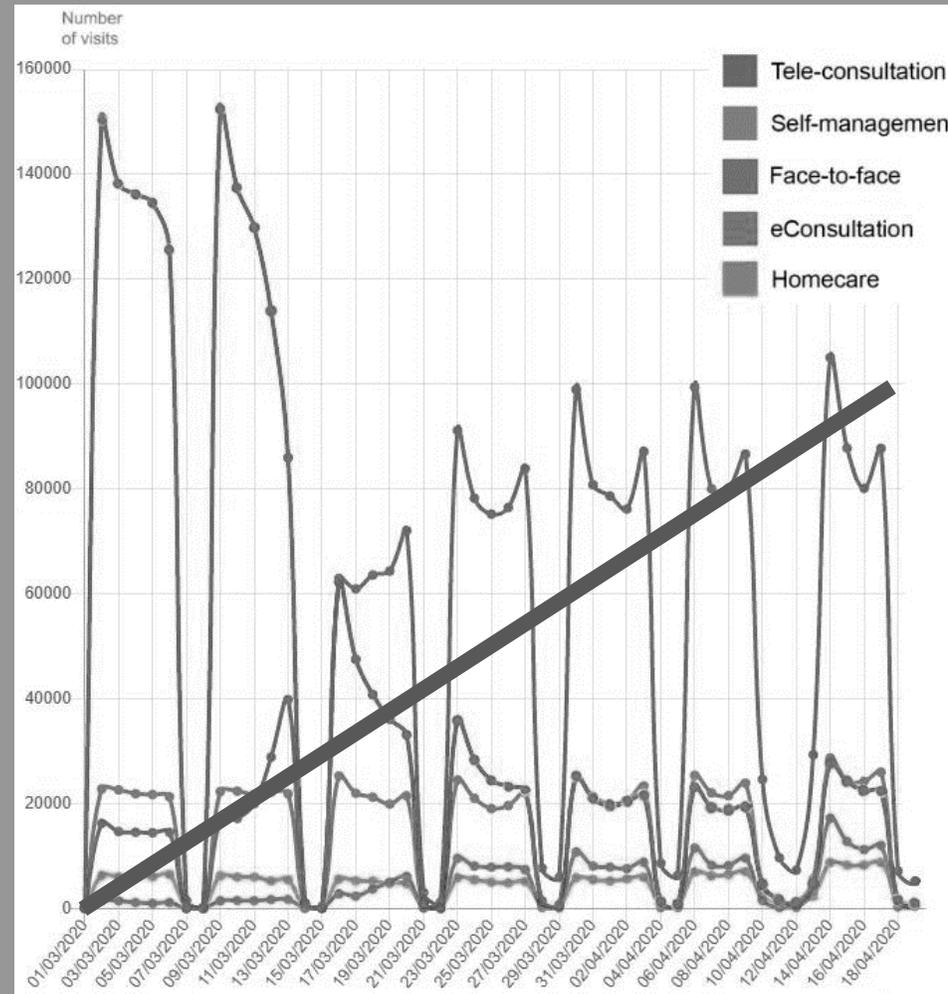
by Rashmi Advani, MD May 15, 2020



Since the beginning of the pandemic, visitors to hospitals have been restricted. When the policy was implemented, remaining families in the hospital were instructed to say goodbye and leave by the end of that day.

I was at work that day, seeing a consult, and talking to a family member when the announcement was made. Signs were posted everywhere by the next morning and

Connection ... Changes in Access ... And Changes in Expectations



Telehealth

Connection ... Changes in Access ...And Changes in Expectations

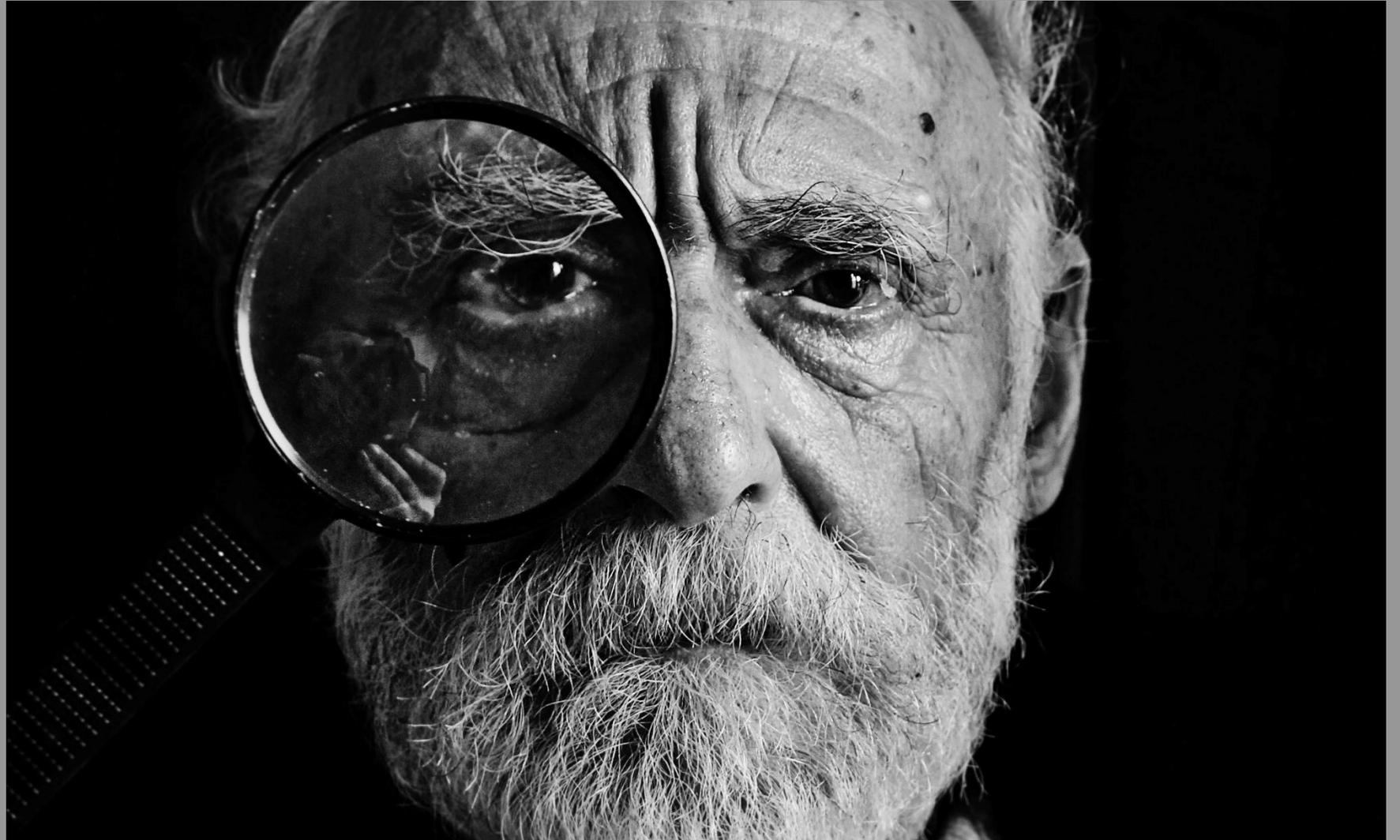


Telehealth

Connection of People



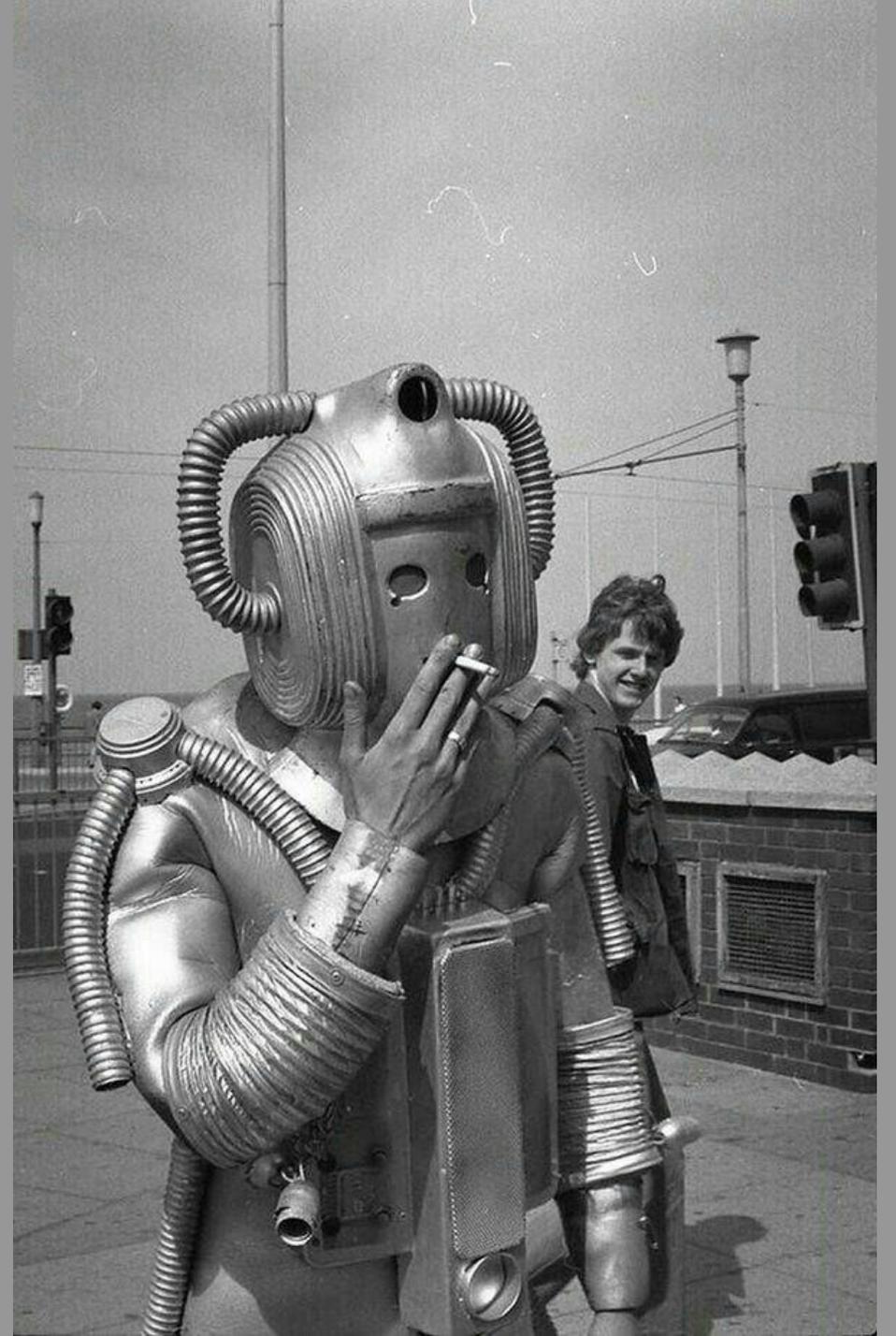
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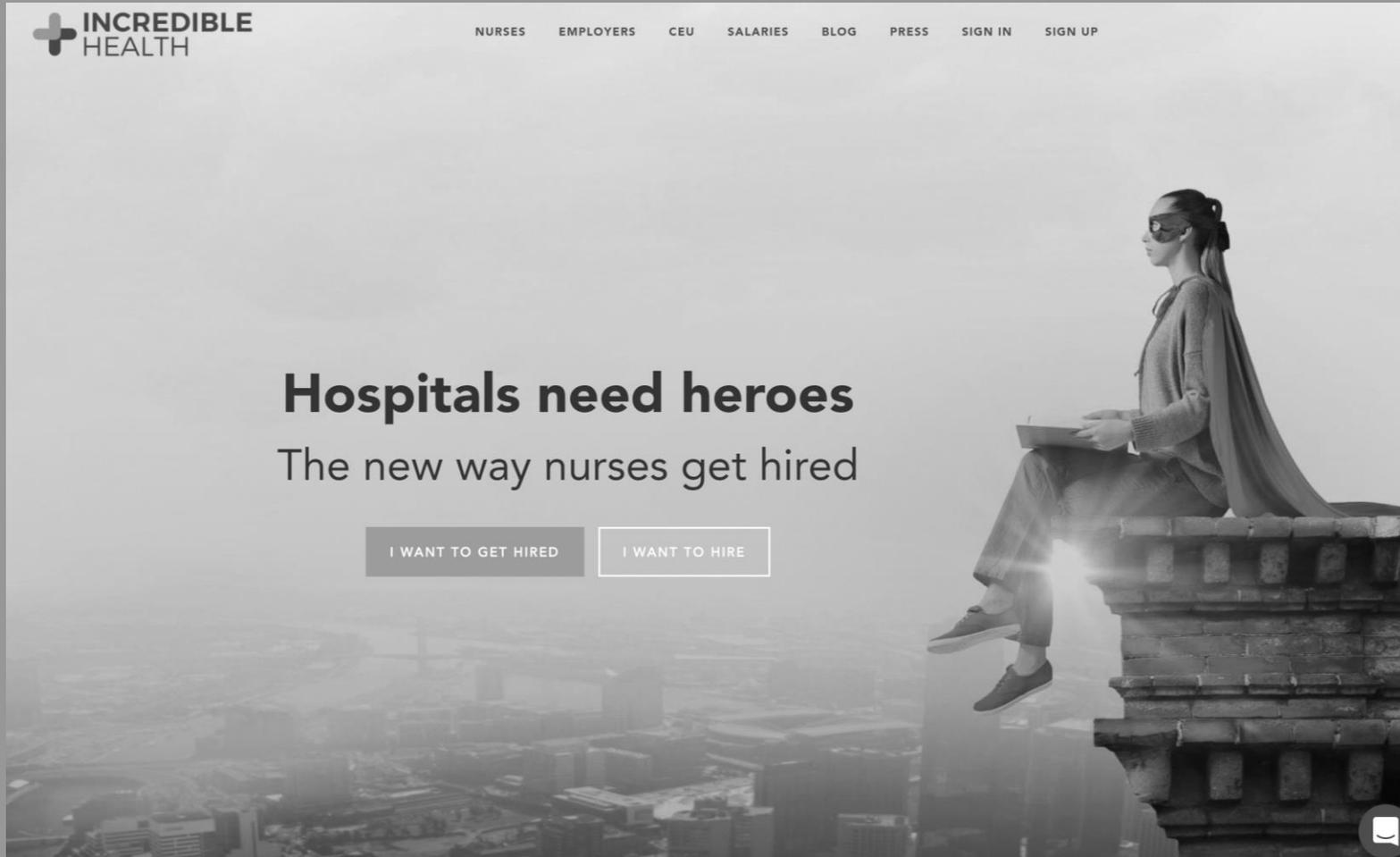
Embrace Technology



However, HEALTH will
Need More
Than Technology ...



Empowerment Pivot ...



+ INCREDIBLE
HEALTH

NURSES EMPLOYERS CEU SALARIES BLOG PRESS SIGN IN SIGN UP

Hospitals need heroes

The new way nurses get hired

I WANT TO GET HIRED I WANT TO HIRE

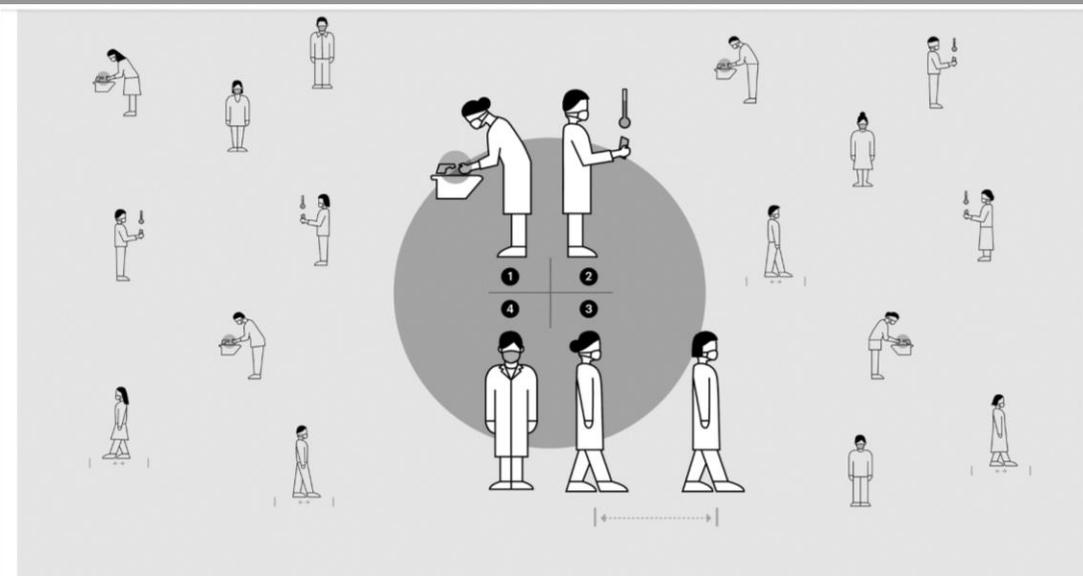
Chat icon

Empathy... See Through Their Eyes ... Atunement



Empathy... See Through “Our” Eyes

Dr Atul Gawande ... It’s About A Culture of Caring



Illustrations by MGMT. design

MEDICAL DISPATCH

AMID THE CORONAVIRUS CRISIS, A REGIMEN FOR REENTRY

Health-care workers have been on the job throughout the pandemic. What can they teach us about the safest way to lift a lockdown?

By Atul Gawande
May 13, 2020

In places around the world, lockdowns are lifting to various degrees—often prematurely. Experts have identified a few indicators that must be met to begin opening nonessential businesses safely: rates of new cases should be low and falling

The Five Essentials to Manage the Coronavirus Crisis ...

1. Hygiene
2. Distancing
3. Screening
4. Masks
5. Culture

Empathy... See Through Her Eyes

- Personal ... my own dilemma
- Personal Risk VS Duty
- Creating a divide among healthcare staff ...
 - Clinicians VS Administration
 - Primary Care VS Specialists
 - Others?



Dr Cynthia Tsai, Op Ed from JAMA

Empathy... See Through Ray's Eyes



Empathy... They Can See Through Closed Eyes

Nothing replaces the human touch ...



Envision the future

- HEALTH as our primary goal?
- Is this really our “iPhone Moment”?
- What will you do different tomorrow morning?
- Who will we serve? Ourselves? Patients?
- Who will see the “Value” of our system?



Envision ... See The Future With New Eyes



“The pace of change will never
be as slow as it is today.”

Sue Siegel
Chief Innovation Officer, GE
CEO, GE Business Innovations

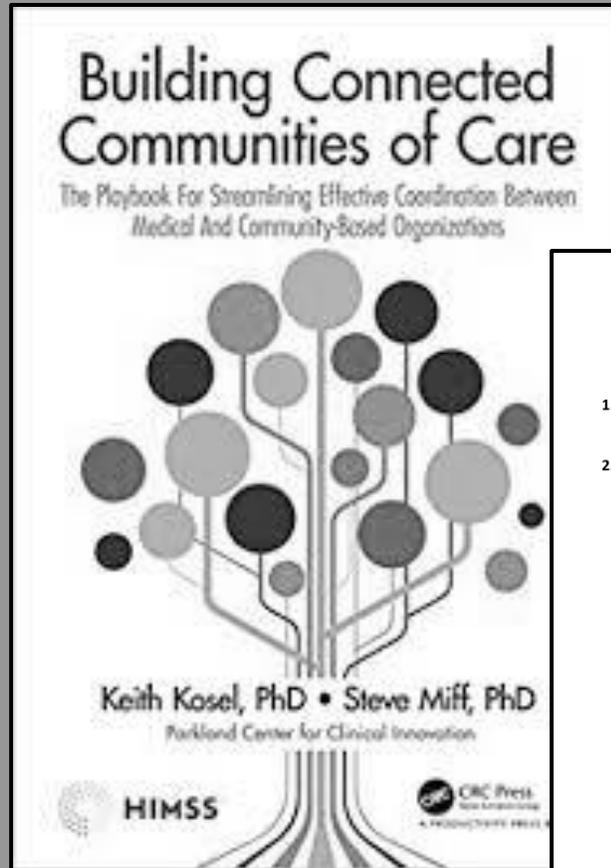
Six Months Into the Pandemic, How Do We Redesign Healthcare?

Erin Henkel Sept 20



- Unique Collaborations
- Merging Safety with Health – for good
- Prioritizing the patient at the point of delivery
- Telehealth and the new, remote delivery of care
- The power of the government in public health and wellness
- How healthcare can combat inequality

Community to County to State to Federal



VISN 18 – El Paso VA Health Care System, El Paso, TX
May 27, 2015

WHITE PAPER: EL PASO VA HEALTH CARE SYSTEM WAY AHEAD

- GOAL:** During his January 7-8, 2015 visit, SecVA requested Acting Director El Paso VA Health Care System (EPVAHCS) provide him a Way Ahead for the facility NLT June 30, 2015.
- BACKGROUND:** Paragraph format.
EPVAHCS is currently a level 3 complexity facility and includes the main health care facility adjacent to William Beaumont Army Medical Center at Fort Bliss, Texas, a VA staffed Community Based Outpatient Clinic in Las Cruces, New Mexico, and a VA staffed urban CBOC on the East Side of El Paso. The facility provides primary and specialized ambulatory care services to Veterans in El Paso and six surrounding counties, which include two counties in New Mexico and four in Southwest Texas. EPVAHCS has an approved operation budget of \$186M. In FY14 there were 20, 872 unique Veterans served in over 300, 000 visits.

Care is managed through interdisciplinary primary care, tertiary care and long term care teams that integrate, coordinate, regulate, and are accountable for Veterans' total health care experience in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, cardiology, audiology, dermatology, urology, gastroenterology, geriatrics, and extended care.

EPVAHCS has a long standing joint venture with William Beaumont Army Medical Center (WBAMC). This joint venture allows both activities to maximize resource utilization. Through the joint venture, VA purchases emergency room service and inpatient care for acute medical, psychiatric and surgical emergencies. The joint venture has led to unique agreements that have increased patient access in general surgery and vascular surgery.

EPVAHCS is academically affiliated with Texas Tech University Health Sciences Center, Paul L. Foster School of Medicine as well as WBAMC Graduate Medical Education Training Program for Internal Medicine. Other clinical and educational affiliations with 13 different colleges and universities in 17 academic fields which support undergraduate

NEJM Catalyst | Innovations in Care Delivery

JOURNAL EVENTS INS

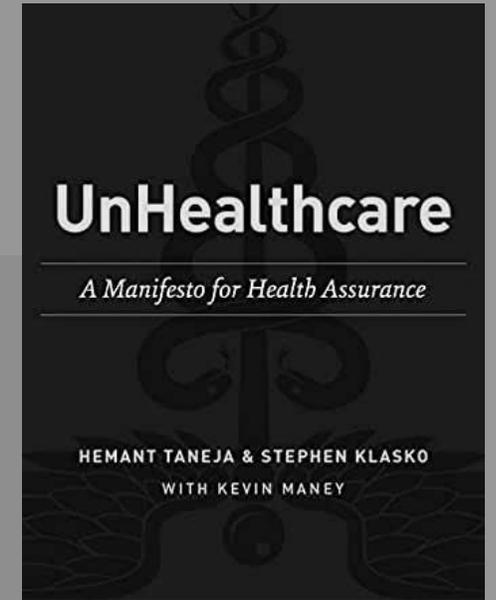
ARTICLE

Collaborating Across Private, Public, Community, and Federal Hospital Systems: Lessons Learned from the Covid-19 Pandemic Response in NYC

Despite the variation in organizational and financial structures, the four hospital systems were able to collaborate during the crisis, with particular focus on communication, surge capacity (beds, staff, and triage), clinical care, and staff wellness.

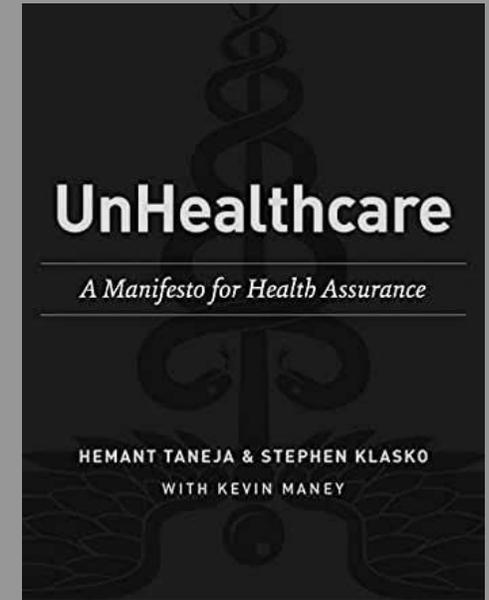
UnHealthcare – Klasko and Taneja

- Healthcare policy must evolve in ways
Politicians are unwilling to consider



UnHealthcare – Klasko and Taneja

1. Reward Health NOT Sickness
2. Create an environment for innovation
3. Put consumers in charge of their data
4. Give patient the power to be informed consumers
5. Assure everyone access to good, affordable care with premium services
6. Focus on safety, not efficiency
7. Don't protect the status quo, help assurance emerge
8. Reposition and retrain health professionals/workers
9. Get ahead if AI
10. Stop trying to pass a “Big Bang” solution



Reality?



MediHealth ... My Concept



US Healthcare System

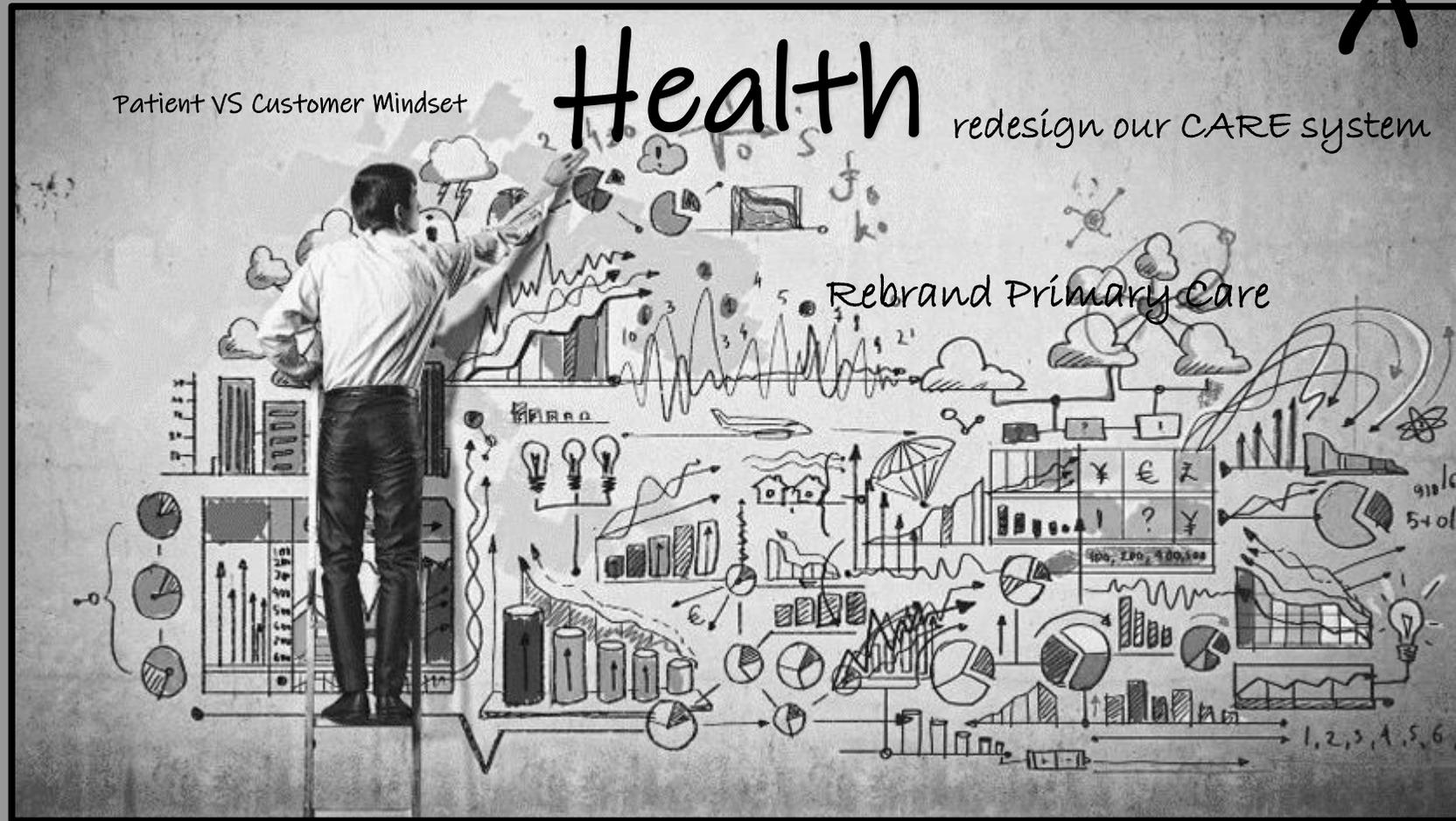
Background:

The national health care debate is elevating to a new level of "noise" in this period prior to an election. Promises are many, but reality is rare. The players on the political stage is very divided, and the solutions proposed for health care are moving along the philosophical positions of the extremes. "Medicare for All" and an absolute "free market" are just not practical or effective enough in today's US culture. These extremes are not appealing to anyone with a sound, rational mind. Especially those who want to implement a system that will improve the health of our nation.

Our current health care system is remarkable in many ways, we have science, technology, research and education that is the envy of the world. However, we fail miserably in the most important areas of any system – Health (among last in economically developed nations in longevity (28th) and infant mortality (31st)) and Costs (17.9% of GDP - \$3.5T and growing). I can't even begin to discuss the lack of empathy and compassion for those that engage it at any level. We cannot justify the results in either health or cost. Additionally, these healthcare costs are prohibiting national growth and investment in other areas such as, infrastructure, security, defense, etc. Dr Atul Gawande accurately describes our challenge in seeking healthcare in his New Yorker article, "Is Health Care a Right?" from Oct 2017. It is our belief that all Americans have a right to Health, not necessarily a right to Health Care. There is a difference when considering individual responsibility ... our nation should approach the first step in a manner that is aligned with our government's constitutional responsibility to its citizens

Our nation's primary purpose is to provide for the safety, security and well-being of American citizens. In that role, our nation has served us well by almost every measure. We are safe, free and prosperous ... we just are not healthy by most measures ... and it's NOT because we don't have health care or the means to achieve health. It's because we individually lack the opportunity or means to improve our health within a system that is financially motivated to not keep us healthy. What if we used that same ideal of safety and well-being and applied it to achieving equitable health? What should our nation provide to everyone to improve the health for our entire citizenry? That is the basis of our MediHealth concept. The nation should provide for the basic needs of all US citizens to assure a path to a healthy life regardless of their status, means or social determinants. Access to basic prevention, immunizations, health literacy, health education, minor services, etc. should be provided to all to prepare them to "navigate" future needs. Additionally, it would provide a standardized path for access to shelter, food, mental health and social services in cooperation with local governments and communities. With this...

The Design of a System for HEALTH ... We need a **NEW** PLAN

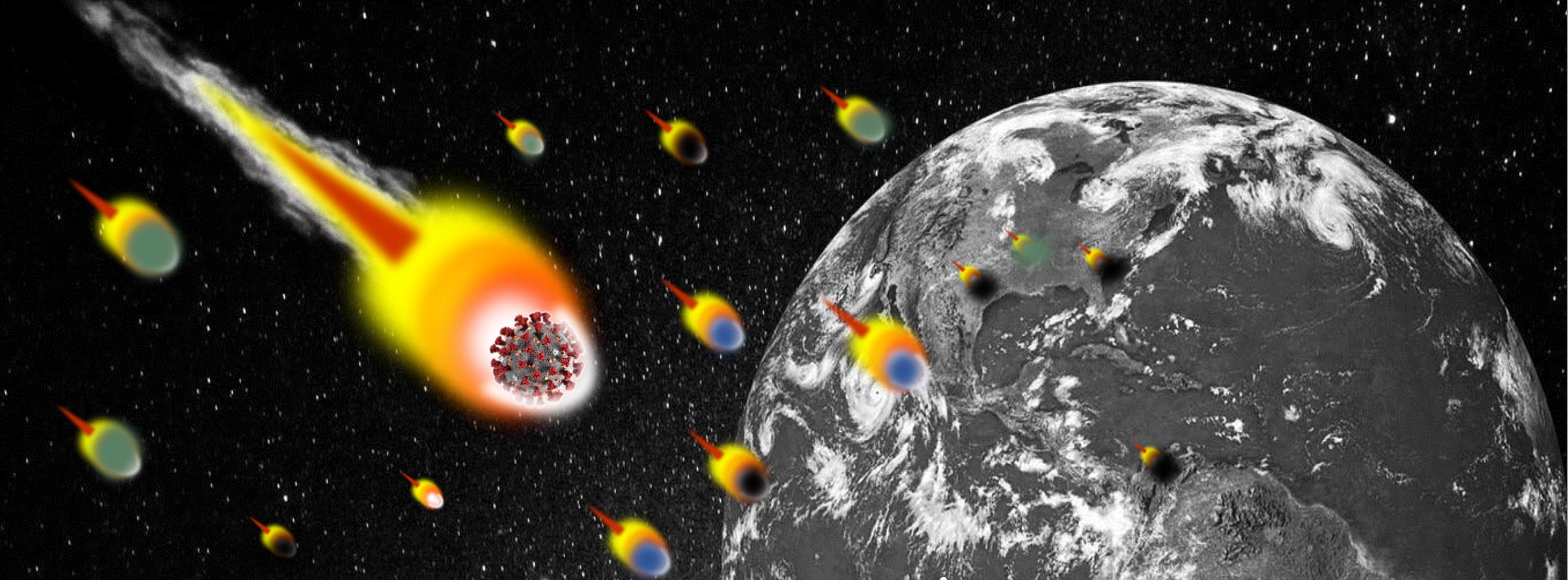


It all starts with you ...

- Do you clearly know your Purpose? Your Why?
- Do you and your organization align in values and purpose?
- Are you assuring the right culture?
- Do you really listen?
- Are you informed?
- Are you trusted?
- Who are you serving?
- Do you really care?

who do you see?





“What the HEALTH ^{Will} Just Happened?”

Thank you ...

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Or connect with me on LinkedIn at

www.donald-taylor.com

