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[Transcriber's note: there are a few interjections where the speakers don't identify themselves. These are tagged with a generic 'Man' speaker tag.]

[intro music]

Justin Barnes: Thank you very much, everybody, for tuning in and joining us. Welcome back to the show. We're broadcasting live from the HIMSS16 conference here in Las Vegas, at the Sands Expo Center. Very happy for my next series of guests here. We even have a guest co-host, Tom Sullivan from Healthcare IT News. Welcome, Tom.

Tom Sullivan: Thank you. Pleasure to be here.

Justin: And we have a great group here also of panelists that I am gonna walk through, but for all of the listeners here, certainly online, you have been hearing one to two guests. But here we actually are gonna have six panelists for the next 40 minutes or so.

Just so everybody knows it's a program check, we have Dr. DeSalvo joining us at 4:15 Pacific. So we should have an action packed another hour and a half on this show.

But starting off, Ty Tolbert, VP of Solutions for Wellcentive. Welcome, Ty.

Ty Tolbert: Yeah. Thanks for having me.

Justin: Kurt Roemer, Chief Security Strategist from Citrix. Welcome, Kurt.

Kurt Roemer: Thank you.

Justin: Dr. Vivek Reddy, CMIO of UPMC Health Services Divisions. Welcome, Dr. Vivek.

Dr. Vivek Reddy: Thanks for having us.

Justin: Tone Sutherland, a very good friend of mine from back in the day, Director of Strategic Consulting for Ready Computing. Welcome, Tone.

Tone Sutherland: Thank you so much.

Justin: And, as I mentioned, my co-host for this panel. That way I can take a little bit of a break and shift everything over to Tom. Tom Sullivan, editor for Healthcare IT News. Welcome again, Tom.

Tom: Thanks, Justin. Again, I'm thrilled to be here. We'll just start with the beginning.

So why doesn't each panelist take about 30 seconds and give us an introduction of yourself, what you're doing with connected care right now, please.

Ty: Yeah. So this is Ty. So one of the interesting things about Wellcentive... That's where I'm currently at. What we do is we focus in on population health, but it's meant to be very purposeful. So we're not just trying to do population health as the buzz that's out there. We're trying to be very meaningful.

So if you're trying to participate in a favored performance program, or if it's shared savings, or if it's just trying to do PQRS reporting, there are so many different business models that we're supporting with the providers that we are working with currently.

Tom: Vivek, please.

Vivek: Yeah. I'm Vivek Reddy. I'm CMIO at UPMC. So for connected care at UPMC, it's a major centerpiece of all that we do. We are laser focused on using data and getting smart about our use of data, and figuring out how to actually customize treatments at a very personal level. We have been very active in this space, and continue to build upon a lot of years of success in that area.

Tom: Might as well go right on down the line with you, Tone.

Tone: Thanks. This is Tone Sutherland. I'm a Director of Strategic Consulting at Ready Computing. We're a professional services firm. So we work with a lot of end users, doing implementation of interoperability solutions. We're also very engaged in the development of health IT standards. I do a lot of work with HL7, with IEG, with eHealth Exchange, with other groups. So we like to say that we help to create the standards, and we also take those same standards and implement them for customers. So we see things from that perspective.

Tom: And Kurt, last licks.

Kurt: Thanks. Hi, I'm Kurt Roemer, Chief Security Strategy with Citrix. Citrix is the foundation behind healthcare organizations worldwide, helping to provide for virtualization, mobility, access to clinical systems, and just making sure that people can get their jobs done no matter where they are.

Tom: Excellent. Thank you.

Justin: So I'll take the first question here. From the standpoint of out in the market today, what are the barriers to connected care? Obviously this comes in many shapes and sizes, and it's a big question that people are solving in many different ways. But we'll start off with you, Kurt, and just kind of walk around the horn here.

But what are some of the barriers that you're seeing out there for connected care?

Kurt: A lot of the barriers to connected care start with the ability to provide for that connectivity. Many people have traditionally had to go into a facility to provide for connectivity, or be on a provided device. That's very difficult with today's mobile lifestyle.

So one of the barriers that's being erased is people are able to utilize mobility, and, in fact, many of their personal devices, to get access to patient care data, to get access to radiology information, to be able to make remote diagnostic and telemedicine decisions. It's really helping to provide for more connectivity, and definitely for better patient care.

Justin: Excellent. Tone?

Tone: Yeah. So the biggest challenge that I see in my experience is around workflow, right? It's a lack of alignment between the technology workflows and the clinical workflows. On the clinical side... And I'm not a clinician, [inaudible 00:04:36] what I say with that.

So there's several different clinical workflows that span all of the different clinical domains. The colleges, the clinical colleges, work to define those workflows. As those workflows cross different medical domains, it gets very complicated very quickly. Right? So aligning the technology solutions to those clinical domains is very challenging, it turns out. There's a lot of work being done in the standards groups to address this.

But, to me, this is the biggest barrier. So that's my experience.

Justin: Vivek?

Vivek: Yeah. I would say that there's a lot of standards out there, but not everybody follows all of them. When we try to connect the dots, just moving information between different places, one organization decides to apply a standard a certain way. Another organization decides to do it a different way.

As we try to bring all of that together, it's quite challenging. I think that's one of our largest barriers.

Justin: Ty?

Ty: Yeah. So I think the others covered a whole lot of the different technology and process and workflow challenges. The one thing that I like to put it in context of is different use cases. So me as a patient, I recently moved, right? I had my children, they went to a pediatrics group. I had my wife, who went to her primary care doctor, and I went to another one close to my work.

So even trying to get access to all that clinical information, move it to our new location... There's barriers with cost. There's barriers with technology. So trying to figure out how in the world we can make it more usable for the patient... And that's just one use case. Then you have the providers and their care team, and then the administrators.

How all of those different users, they all have similar types of technology issues with, how do we interoperate between the data and the care teams and information?

Justin: So I wanted to follow-up here, just because we do have the time. I want to elaborate. The goal of this two day radio show is really to look for best practices and actionable intelligence to help providers navigate the future of healthcare, and others to navigate the future of healthcare, for that matter.

So go into... I'm gonna go right back around. We'll start with you, Ty. What are one or two best practices that you offer out to your community that [inaudible 00:06:46] personal in your strategies to help providers and care providers, and others, navigate these issues?

Ty: So we're very focused on the business. What are the organizations that we're working with trying to achieve? That's different, because we have accountable care organizations. We have IPAs. Very different challenges for those different organizations.

What we typically do is, we offer up a platform. So this is something that everybody can access, that they rule it out to. It's not, you have to be a part of this one specific EMR, or how does the affiliate and the employed physician work in that organization?

So having that platform piece has been very beneficial to our providers. But then I would also say it's sharing the information where it needs to be shared.

Man: Right.

Ty: But solving the business problems, that's how we do it.

Justin: Fantastic. Vivek?

Vivek: Yeah. I would say that we have to dare to rethink how we deliver care. I think a lot of our challenges right now is everyone says, "Oh, it's a data problem. It's a standards problem." Yes, I mention those as some of our struggles. However, we need to reimagine roles, responsibilities, what people do with data, what people are responsible for what pieces of it.

I think we sort of overemphasize the physician doing everything, or having all the data, and making all their clinical decisions. We need to really rethink the models a little bit. I think most organizations struggle with that. That effects livelihoods of a lot of different people.

Man: Very true.

Vivek: But if we're not going to actually embrace this change, it won't really make a meaningful difference.

Justin: That's excellent. Tone?

Tone: Yeah. A few different things. So one is invest in business analysts, right?

Man: Excellent, yeah.

Tone: This kind of ties into what you said, Dr. Vivek, and some of the others. You have to know the use cases, right? If you have the best technology in the world, but it's not implemented in a way that's useful to the end user, then you don't have anything. Right? So you've gotta invest.

If you're a provider, ask your vendor about it. Ask your vendor. Say, "Hey, what are you doing for this? How are you partnering with me?" Are they talking to your clinicians? Are they listening to your specific use cases about your specific clinical workflows.

Another is to follow the regulatory stuff that's going on. I've heard a lot of providers say, "Well, I don't want to do meaningful use because it doesn't work out for me monetarily," right?

Well, meaningful use is not about the immediate dollar, right?

Man: That's right.

Tone: It's about the long term play. If you're not doing this stuff now as things move forward in the industry, and as certification, if it were to move into the private sector, you're not in a good position to play. So you have to follow the regulatory stuff and what's going on.

Thirdly, you need to follow the standards, right? Standards are important. Right now we're kind of in a mixed mode of health IT standards, where we have a lot of standards out in production. But there's still a lot of custom interoperability. There's a lot of API kind of stuff.

So you've gotta follow what's going on in the standards groups, and that's your roadmap for what's gonna come down the pipe, and what you should be ready for in the next three to four years.

Justin: Kurt? Excellent.

Kurt: Yeah. A couple of the bigger issues in terms of managing health information technology, first of all, making sure that you're automating the workflows, of course. But it's also about improving those workflows so that they optimize patient care. Often times people spend too much time automating the workflows, but not thinking about how they can improve them. Actually, it's great to be able to work on both at the same time.

Then we have to balance that with the security, compliance, privacy and safety aspects that are associated with access to this data, both from the clinician perspective and practitioner, but also down to the individual and the patient.

Justin: That's fantastic. Excellent.

Tom: So I'll jump in here with a follow-up, if you don't mind. Vivek, you mentioned that we have to reimagine the way that we deliver care, rethink how we deliver care. What are some of the things that UPMC is going to spark that re-imagination, if you will?

Vivek: Yeah. We're a payer and a provider organization. So one of the unique opportunities we've been able to put together is, our prayer has been... UPMC health plan has been doing a lot of population health work through the years. On the provider side, we claim we're doing population health, but we're slow out of the gate.

So what we've done recently is we've joined forces with our own internal organization. Instead of talking first about which platform, which technology we're gonna use, we actually said, "Let's talk about who does what in a model where we're actually doing population management."

That's involved just discussing, hey, we need different types of people in our practices. We don't need to have just nurses, or just doctors, or just care managers. There's a whole ecosystem of health coaches, exercise psychologists, bringing all of these different types of people together, and sort of imagining, boy, we could really do lifestyle management. We need a whole different workforce than what we have right now, and we're actually now getting into that space.

Man: That's right.

Vivek: It's uncomfortable. But it's where we need to go.

Tom: So am I picking up on a little bit of tension between the provider house and the payer side of things when it comes to population health?

Vivek: Well, I think there's a natural tension there. It's good to be apart of the same organization having that tension, because it allows us to actually just work through the tension, and what are the actual points? Population health is not just a cost savings measure. It's actually a way to make people better and healthier, and that sometimes gets lost in the shuffle of a lot of population health activities.

So we have this opportunity now to actually make patients healthier and, as a byproduct of that, actually reduce costs and improve outcomes.

Tom: Excellent. Now, Kurt, I'll start with you on this one. I think all of the panelists can take a crack at it here.

We talked about all of the different barriers involved here. Obviously access to patient information is a barrier to many in healthcare today. How can you improve access, and not just access, but really access to the right information at the right time, whether that's at the point of care, or it's someone's home?

Kurt: Yeah. Improving access really starts with having the information at people's fingertips. From a mobility perspective, clinicians have been enabled for years. The challenge now is including the patient as part of the care team,

and utilizing information that not only comes as part of their medical records, but also comes from their devices that are providing very rich information.

Many people have fitness bands. They have [sp] ActiGraphs. They have other data sources that they are bringing into medical facilities and into their care record. They are interpreting it themselves, and, basically, patients are coming pre-instrumented. It's something that's gonna provide even more data, and provide both benefits, but challenges as well.

Tom: Yeah, and including patients as part of the care team sounds like such a simple, straightforward thing. But, in reality, it's almost radical.

Kurt: It is extremely radical. It can border on social hypochondria for the patient, where they are getting very concerned about things that are happening with them, and can wind up spending way too much time consuming resources on the medical side, doctors and nurses that have to answer every little bit of data that's coming across.

So we have to be able to preempt that, and be able to set up patients so that they can accurately reflect on this data and make the right choices before they even engage the medical team.

Tom: I'm going to add the phrase social hypochondria to my lexicon. I don't know about anybody else here.

Well, Tone, what's your take on this?

Tone: Yeah. Just to expand a little bit on what you were talking about, Kurt, I agree. I think it's all about patient engagement, right? We have to figure out how to ensure the patient gets value out of this, right? I think of myself as a consumer, right? I find it hard to use portals for my four kids and myself and my wife because we have to use five or six different portals, right?

It becomes a cost benefit situation where, is it worth it, right?

So we have to figure out how to engage a patient to find out, how does the technology need to change, how do the standards need to move forward, and what kind of policies need to be in place to benefit the patient at the end of the day?

Another aspect is partnering. From a provider perspective, partnering with your patients, listening to your patients. Find out what's going on. Send out surveys to your patients to find out if they are gonna use a patient portal, and what

aspects of that portal they will use. Look at their demographics, the population you're working with, to figure out their technology use behaviors. That sort of thing.

Tom: Ty, what are some of the ways you're overcoming these barriers?

Ty: So one of the things that I think is interesting is, if I look at other industries and I think about the technology innovations that has occurred over those industries, when I think about, when I access my bank account, I am looking on my phone. If I am going to go through and print up a boarding pass, I don't print it anymore.

I look at my phone as well.

But the technology changes that are embraced in other industries, that's something that the healthcare industry, because of a lot of regulations... I'm not saying the regulations are necessarily bad. But it prohibits a lot of innovation that we could do.

So everything that we keep trying to do, if we understand what the process flow is, how are we gonna try to truly engage your providers or your members? There's lots of different variations on how you could do it, but once you understand it, the technology, and how you install it and implement it to make sure you overcome those, we do what we can. But there are still regulational challenges that are barriers that we have to overcome.

Justin: So let me jump in here. The whole panel here is around connected care.

So where is connected care driving value in our communities, or where is care coordination driving our value? I ask that specifically from the standpoint, is it just in alternative payment models, or are we seeing it in fee for service linked to quality?

Where are we seeing it? So I'll start off with you, Dr. Reddy.

Vivek: Yeah. I think that we are... This is a culture change, right, to get to the point where folks actually understand that outcomes actually matter, and how patients are actually doing after they have had a surgery or had a procedure. This really matters.

The idea that you cannot just keep doing things, and then not really care about what actually happens to people afterwards, is a big cultural shift for all of us. So we always tie it back to reimbursement as being the driver. I actually think

we need to kind of rethink, from even a delivery of healthcare standpoint, what's actually important. Why are we doing what we're doing in healthcare?

For right now it's all been about margins and tight margins, and trying to increase revenue. Forget the revenue. This is about doing the right things for people and patients.

So I do see a big shift occurring. It's not as fast as any of us want it to go, but it's happening. I think, as we continue to focus on outcomes and how people are doing, I think we're gonna actually see a big shift in patient engagement as well.

Justin: That's fantastic. Ty, your thoughts there?

Ty: I agree. It is about outcomes. The outcome is what will drive down cost, which is what we need, as a society, as a whole, to fix the healthcare problem. There are always gonna be individuals where that is more of a theoretic point of view, and you have to bring in the business aspect of it.

But that is what's so valuable about the shifting from fee for service to value based reimbursement. There is an alignment there.

So I think it takes continual education to make sure everybody sees and understands that by doing this, making this kind of shift, it not only brings the quality outcomes, but it changes the payment cycle, which is good for everybody as well.

Justin: Yeah. I mean, and I'll shift to you, Kurt, and Tone. Where is connected care and care coordination driving value in our community, and what are you guys seeing too?

I'll start off with you, Kurt.

Kurt: Yeah. A couple of things that are really helping here are precision medical programs and evidence based medicine. We're finally getting to the point where medicine is not as much trial and error as it has been in the past. Going on indications, you really don't have the complete data set behind it until you've gone through a couple of iterations.

With both precision medicine, as well as evidence based, we will be able to drive much better patient care because it's specific to the individual, maybe even down to their genome.

Justin: That's fantastic. Tone, what are your thoughts on some of the value that's being driven there?

Tone: Yeah. I think there's, at times, a lot of potential value for very engaged patient, right, or ePatients, right, that are willing to go over and above and jump in, and get access to the data, look at their own data, understand how to parse it, right? You look at the Dave deBronkart, the e-Patient [inaudible 00:19:40] story, it's a fantastic story, right? But then you also talk to other people who are very engaged patients who don't have the same outcome, right, because of various obstacles that are outside of their control.

So I think there is some benefit in situations like that with engaged patients. But it then just goes back to the patient engagement model. What we need to do is put forth initiatives that support that.

Man: Excellent. Security.

Man: No comment. Justin is chuckling at that. I was hoping somebody would. No conversation about healthcare data, connected care, is complete without addressing the issue of security privacy and security data privacy, and security regulation and otherwise.

So I'll go straight down the horn here with just, what are the barriers that you face on a day to day basis? Then we can follow it up with some best practices for overcoming those barriers.

Ty: So I agree that there needs to be a lot of regulation on access to data and how that's done, right?

So I do believe that that needs to be there. But how that occurs and how that's implemented, there's a wide range of it.

So let me go back to that same example I used earlier, right? I'm a patient. My kids went to a pediatrician. So we moved, and I needed to get access to their charts, or get it moved up to another organization. They required a hand written... We had to go to the office to go sign that we need to go get that information moved.

So for me, right, I'm busy. I'm working. My wife has three kids. For her to drive 45 minutes to an hour back to our old house to go get that signature done, it seems like an over complication from what we need to do in this type of scenario.

Tom: Oh, definitely an over complication.

Ty: So it's the practicality around some of this. It's, how do we streamline it? We need to take advantage of how other industries have streamlined and overcome these same problems. I mean, access to buy credit card information and bank account information, there are tons of companies out there that have that. I don't necessarily like it, but it's in today's society.

So, with healthcare information, there needs to be some level of appropriateness, and how we can bring some of that into today's... Like other industries do.

Justin: Vivek, I will give you a crack at the same question, please.

Vivek: All right.

So I think that it all comes down to the value proposition for patients. I think that, when patients are thinking about security and loss of information, the value prop in a fully transparent data set for health information is sometimes obscured, right? I don't know why organizations need all of my information.

Why do they need all of my clinical data? They are gonna use it against me.

That's all based on suspicion because we haven't provided the value back to the patient. If we provide the value back to the patient, just like you acknowledge on your phone every day that you are willing to share your location history and all of your text messages with a Google or an Apple at all times, there's a value prop that--

Tom: You're jumping ahead, though. That's my next question.

Vivek: Yeah.

Tom: No, we'll get there.

Vivek: There's a value prop for people saying yes to that. I think what we have to do is figure out, what are some of those value props? Then those barriers start to vanish and disappear, and people aren't as uneasy about doing it.

Justin: Fantastic.

Tom: One of the obvious examples that comes up all the time, as analogy, is ATMs. People say two, three... I don't know what it is here, but in this convention center, it could be as high as four or five dollars to get money out.

We all need money all the time, pretty much. We don't all need our health records all the time. So how do you overcome that to sort of achieve what you were talking about, value proposition-wise?

Vivek: Well, I think that we have always treated health as though it's about an episode or a visit, or an encounter. We as a society haven't embraced the idea that health is actually a persistent thing that we should always be working on.

Justin: That's right.

Vivek: We have not turned that into a currency, of sorts, because our society and our norms and what we actually care about haven't raised it to that level. I think we as future healthcare providers have to make this be a part of the fabric, as simple as it sounds. This is gonna be a big chance for our entire entire.

Tom: Yeah, which gets to the point of the culture change that arose earlier.

So, Tone, what are the barriers you face?

Tone: So I think the barrier that comes to mind is fear, right?

It's that patients are afraid to share their data, right? Sometimes that fear is well founded. With the increase in security breaches... I mean, we know that the problem is getting worse, not better. So certainly things need to be done to address that through policy, through regulation, through coordination of implementation through organizations like Direct Press, or whatever it might be, right?

But there's still at times an unfounded fear too that patients tend to pick up on, if they see a news flash and then they lock down and say, "You know what? I'm not gonna share any of my data because somebody is gonna hack into it," right?

Man: That's right.

Tone: But if you're an educated patient and you know that if you take sensible approaches to things, and you become just enough educated to know the right things to do, you can avoid a lot of hardships and avoid data loss.

Tom: So, Kurt, your turn. Some of the barriers, and you might as well just start into the best practices while you're at it, please.

Kurt: Sure, thanks.

Security is, of course, very multifaceted when you talk about healthcare. You have the patient. You have the provider. You have researchers, insurance companies. There's many organizations and individuals that are involved, which greatly complexifies the security equation.

But it ultimately, as Vivek says, comes down to value. What's the value of protecting this information to the individual, to the organization? As an organization, why should I spend thousands of dollars protecting information that the patient is just gonna go post their test results and clinical notes up on patients like me?

That's a failure. So you have to understand, maybe the patient wants to share their information freely for research purposes. There should be a derivation of value and determination of what security measures should be put in place for that.

So what I would propose as the best practice is, basically, first of all, make it very easy for the patient to say, "Here's what I accept and here's what I don't accept."

Not just a, terms of agreement, click here, I agree to everything. But here's the specific things that are important to me, and why I want to share this type of information, and why I want to keep this type private. Make it easy to share information for things like emergency care and others where it makes sense, but make sure that people aren't stealing our identity or using our healthcare information against us and our children.

Once our genomics get out, it's all over.

Tom: Well, and you mentioned the fear. I think we're all also afraid of having our financial identity stolen. But it has happened to me. Knock wood here, but the bank gives you your money back. It's not that bad

Man: Yeah. It's an inconvenience.

Tom: Healthcare information could be considerably different in that regard.

Man: It's 10 times or 15 times more valuable too.

Tom: Yeah. The World Privacy Forum puts it at 50 times more valuable. I've seen estimates up to 60 as well. It's hard to know exactly what happens on the black market, since I don't really buy health records on the black market. Yet.

Man: I hope.

Tom: I hope.

So, Tone, what are the best practices that you would recommend?

Tone: Yeah. So, education. I mean, that's one of the obvious responses to combating fear, right? I mean, if you're better informed, then you make better decisions. They are less out of fear and more based on fact, right? Part of that is partnering too, right?

Partnering as a vendor with your provider, as a provider with your vendor.

Man: Excellent.

Tone: This is not just a technology problem. We have pretty good technology out there. Are we making it better? Sure. Are there more things we could do with it? Sure. But it's very much a people problem too, and making sure that that partnering aspect exists, and would help too.

Tom: Please.

Vivek: Yeah. I would echo everything that everyone is saying. I think that organizations need to take security very, very seriously.

Where we spend resources says a lot about how we value certain things. I think that, up to this point, security was sort of in the background. But with this layer of having this much data available, security has to be a priority.

So in our organization we've spent a considerable amount of time and resources around building a security team that asses every single application, every single piece of information that moves around our organization, or outside of our organization.

We actually get approval from a business owner to really tighten down our data exchange and movement. I think that's a decision we made actively to increase our resource spend, frankly, to make resource a true priority.

Tom: Ty, best practices. Anything they didn't cover yet?

Ty: Well, no. I think they covered it very well. But I just want to highlight exactly what was said. It's the value proposition. If people understand that...That's where you bring the education piece back into play. This is not an easy thing, right? We talk about this as, this is how you solve it... It's not easy.

You have people who speak different languages. You have different levels of understanding of how the industry works. But being able to boil it down to, here's the value proposition. This is why this is happening, and this is what it means to you, and to get it to where it's consumable, I think that is the ultimate way that we are gonna get around some of this, and truly get to the process change that needs to occur.

Justin: That's fantastic, Ty.

So, here, coming back over to... Dr. Reddy brought this up a few moments ago in the value to the patient.

So let's take it around the horn here. What is the value today for connected care, and what is the value tomorrow? So let's start of with you, Kurt. What are your thoughts there?

Kurt: The value today for connected care is basically making sure that each of the physicians and specialists that you see have data from each other.

[crosstalk]

Justin: Value to the patients was the... Yeah.

Man: Value to the patient. That has been a big problem in the past, but it's also a value to the doctors involved, because they could make bad decisions...

Man: So true.

Man: ...Based on not having all of the data, or having inaccurate data, because a patient doesn't remember.

The value in the future is making sure that this data is mapped through, and it's not only a point in time of care, it's a continuum of are, so that you understand how you're transitioning over time, your doctor does, and they can propose therapies in advance of you actually getting sick.

Justin: Excellent. Tone, what are your thoughts?

Tone: Yeah. I think the value today really centers around patients who are dealing with more serious diseases and chronic conditions. Those tend to be the patients you see more engaged in your care, and those of us who might be [inaudible 00:30:41] do it for fun. But you see folks who have a real driving motivator to be engaged, right?

That's where the value is shown today. Tomorrow it's going to be very different, right? It's gonna be the next generation coming up. They grow up with iPods, with iPads, with touch devices. My four year old tries to touch my laptop screen and doesn't understand why things don't move, right?

So they are growing up in a very different type of environment with technology, and they are gonna have very different expectations. They are gonna expect data from their FitBit or their Step Counter, with their heart rate and all their vitals, to transmit directly into their PHR, have a nice dashboard, integrate with their health record. So that's tomorrow.

So the value is gonna change. Now, chronic patients will still obviously use it to deal with their more serious issues. But it's gonna become more part of our everyday life for the everyday person.

Justin: Fantastic. Dr. Reddy?

Vivek: Yeah. I think today the value proposition is for patients helping better coordinate their own care. Because we're such a fragmented healthcare machine, we need somebody to help connect some of these dots, and patients can be an active part of that. That actually improves their overall outcomes.

However, I think in the future, as the idea that information about what treatments are better, what interventions are the right interventions for me as a patient, when that data starts to become available, and it already is online, and it's fully accessible, the patient automatically is more engaged. There's no, go to the orb or go to the Oracle of the doctor that's gonna to say, "This is what we need to do, or this is the only options you have."

It becomes much more of a collective consultation discussion, as opposed to a sort of, go visit your doctor to be told what your potions are. So I think, once that happens, patients will begin to embrace the need to understand their own clinical conditions at a whole different level than what was the expectation before.

So I think that's where the value prop is in the future.

Man: So I would jump in there and say, it's multifaceted in that I truly do believe the value to the patient is better health, better outcomes. But I think, if we're able to simplify this process... And I think about my mom. My mom is getting older. She's going to have, and she has had more conditions and things that she's having to worry with.

I'm always worried about the care that she gets. I'm worried about her outcomes. But from a time and a stress level on me and my family to make sure that that's actually occurring, and it's occurring appropriately, and she has the knowledge that she needs on those decisions... As we get more and more to people doing what needs to get done because it's the right thing to do, because it leads to better care, it's gonna lead to simplicity in other facets of our life.

So I am a very, very firm believer that this is the direction to changing some of the problems that we have in our healthcare today.

Tom: So I don't believe that the phrase consumer mediated care has come up in this conversation, but certainly all of you have touched on the notion in different ways. How far off are we?

Man: So that's a great question. I don't know the answer to that. I'd like to think that we are making strides there, but you never know what the next curveball is gonna be. What's the next change in regulation that might truly prevent that? I don't think that's the case.I think in another three, four years, we're gonna have continual improvement. But before we get to what I envision as the next stage, I still think we're quite aways off from that.

Man: There are some renegades out there right now on 23 and Me and [inaudible 00:34:27] looking at their genomes and exome data, and making sure that they are communicating and trying to understand what various aspects of their care aren't being met, and what might be encoded in their genes, and freely sharing that data.

Consumer mediated care? I think we're at the beginning stages.

Tom: Closer than we think, maybe?

Man: There's some very, very strong data out there right now.

Tom: Okay. Tone?

Tone: Yeah. I don't know. I take a little more of a pessimistic view on that. I would say it depends, right? I'm a software engineer at heart. Everything depends on the specifics of the situation. So look at the history of how we've advanced over the past ten years or so in interoperability, and we haven't made as great of strides as we thought we would have ten years ago. We've advanced, yes. Absolutely. Are we going the right way? Yes, absolutely. I think we are.

But I would [inaudible 00:35:24] throughout three to four years, maybe where it would start. I would say seven to eight to nine years would be in a more complete view around consumer mediated care.

Tom: Where do you weigh in on this, Vivek?

Vivek: I sort of weight in in between. I think we're starting. We're very early. I don't think we really understand what this really means. I think we are still thinking of consumer meditated healthcare using our existing model of care.

It looks very different when patients are basically ultimately responsible for a large portion of their healthcare utilization and what they are doing, and what choices they make. Once that starts to happen, it's not really consumer mediated healthcare. It's healthcare.

I think we're not there yet. But we're starting, and I think it's promising.

Justin: So let's, as we begin to wind up this panel, let's go around the horn a little bit. What are some of your key initiatives, from your individual perspective,f or 2016? So start off with Ty. What are you guys focusing on as an organization, but also with your customers, to navigate through the future of healthcare in 2016?

Ty: So we're definitely focused on the business and how that's changing. A lot of organizations, whether they are just trying to participate in some of the compliance needs around PQRS, or some of the... I'm not gonna say easy reporting, but they have to do reporting, versus some of them are more engaged in a pay for performance program. That's shifting to amore shared saving type of approaches.

So we keep seeing a trend to more and more of, you've gotta take on the risk of the patient. You've gotta take on the costs.

There are two aspects to that. So being able to focus on improving outcomes. How do we simplify the process? How do we make it a win-win for both the payer and the provider?

That's where a lot of our focus is this year.

Justin: Excellent. Dr. Reddy?

Vivek: Yeah. I think one of our major areas of focus for 2016 and into 2017 is around reimagining what the patent context are with our healthcare engine, and what does that actually feel like?

I think we sort of lull into doing the same thing over and over again, and can't be creative. We think, "Well, you have to check in at a certain desk, and you have to behave a certain way."

We might try a kiosk to replace a person, but we won't enforce the kiosk. We might try a biometric and say, "Oh, we're doing biometrics."

But we're not really rethinking it completely. Can you imagine a world where you walk in, put your hand down, your fingerprint, and every aspect of that entire care visit completely knows who you are, what you're about, what your conditions are. It's prompting you with marketing material.

We want to rethink that entire touchpoint.

Then, after we rethink that, then we've gotta go look at the technology stacks and see how this would even be feasible. It may not be feasible, but not having that opportunity, to taking that pause to rethink it completely, is only gonna let us work around the edges.

So we have decided that, in this next year, we want to at least try to get into this space. Then it might be so uncomfortable and too much change too fast, and we can't do it.

But at least we get an opportunity to really give ourselves that creative latitude to try something.

Justin: That's excellent.

Tone: Yeah. Can I answer this from two different perspectives? I kind of wear two hats. Since my company is a professional services firm, we can [inaudible 00:39:10] work with a variety of different customers. We don't have a product, per se. For that side of it, continuing doing the same and investing more in health IT standards. We're ramping up our budget a little bit to do more than that. We see the value in that.

These are volunteer efforts, but it feeds back into the advice that we're able to turn around and get the providers, which effects patients' live. So continuing to support that. Then, with my standards hat on, and specifically my [inaudible 00:39:33] patient care coordination hat on, clinical workflows. It has been a big focus of ours for the past two or three years. We have to continue to march there. We have to continue to march across domain profile work where we look at cardiology domains and radiology domains and [s] [eye care / iCare] domains. How do all of those things tie together?

You've got all these little building blocks that have been built, right, in the individual domains. But now it's time to connect them all together. So that's my focus for 2016.

Justin: Fantastic. Kurt?

Kurt: Yeah. In 2016, 2017, Citrix is really extending its focus on simplification and enablement within healthcare. Simplification of things like security, authentication, identity management. Things that get in the way and slow down healthcare organizations. They get in the way of patient care, and if they are optimized, they can greatly enhance the security experience, the overall healthcare experience.

But also, from the enablement perspective, bringing in the internet of things. Bringing in a lot of rich data from SPo2 monitors, from temperature monitors, from blood pressure monitors, for both clinicians environments, but also from a patient environment, from nontraditional caregivers, so that you have the pre-instrumented patient. They have the connectivity, and even if they can't go into a healthcare facility, they can participate in healthcare, increasingly, with instrumented telemedicine.

Justin: That's fantastic. So, Tom, we have a couple of minutes. Is there a follow-up question or anything..?

Tom: OH, absolutely.

Justin: We have a great brain trust here.

Tom: Indeed. So thank you for sharing 2016 priorities here. Let's open this up a little bit. Bold prediction for the next 12 to 18 months.

Kurt, you can start.

Kurt: Wow. I would say the bold predictions is really that we're going to see a lot more personal interaction with healthcare. Were going to see people utilizing their mobile devices with a lot more rich data, making a lot more of their health decisions before they even engage healthcare professionals, for better or for worse.

Tom: Is there a bold prediction about that noise we just heard?

[laughter]

Man: It was some annoying booth person, I think.

Tom: I think so.

Man: But we'll talk to them later.

Tom: Okay. Moving down the lane here. Tone, please.

Tone: I think you said it well, Kurt. I mean, the patients will be engaged, right, and more engaged. You look at things like the Society For Participatory Medicine, which, if you haven't joined up, I urge you to join and support that movement, right? It's, like, $25 bucks a year. These things are important. I think, in the next 12 to 18 months, we'll start to see a drive towards that and patients getting more engaged in their healthcare.

Tom: Please.

Man: My bold prediction is, population health will still be abuzz word next year.

Man: Ty likes that.

Man: Yeah. I think we'll all figure out, though, that population health means a lot of things to a lot of different people. It's all gonna be based on a data foundation that we aren't... We're getting there, but we have a long way to go. So I look forward to continuing to talk about population health in the abstract for years to come.

Tom: I'm sorry to interrupt.

Man: Yeah. Go ahead.

Tom: In many ways,, population health is like the Cloud computing of healthcare.

Back in around the turn of the century, I covered strictly enterprise IT, and every single power point had a white Cloud there and some guy pointing to it saying, "Don't worry about that. That's off in the Cloud."

Fast forward 15 years, and my friend is standing in the kitchen of my house slugging a beer, saying, "Everything is in the Cloud!"

I think population health will survive as a buzz word, just like you said. Okay, Ty. Bold prediction.

Ty: So I like those predictions. You're right.

But I'm gonna say, not the next 12 months. I'm gonna say the next 18 months, right? The prediction I see is that there are so many different payment models out there that are being tested, that are being... Whether it's a bundle payment, or whether it's an ACO, whether it's a commercial ACO.

I think, within the next 18 months, you're gonna start to see a consolidation of what those are. Population health management and how you do that is a buzzword because people do it differently. I think that consolidation, it will really start to coalesce about what those specific paths are that you can do with population health [inaudible 00:43:44]

Justin: So, Tom, what's your prediction for 2016? Or 2017.

Tom: We'll still be trying to figure out exactly what connected care is and what it means. Consumer mediated data exchange will probably still be a buzz word as well. And I don't think these predictions are bold. I'm hedging my bets here.

Justin: Well, I"ll give you not one that's probably bold, but I think that we're gonna see here, come the later part of 2016... And that's when care providers and physicians wake up to what macro really truly is.

I do a lot of public speaking, and 98% of the room, when I ask them, "Who has heard of macro and any SGR reform coming?"

Maybe one or two hands go up out of 100 people. I'm, like, "Oh gosh. I say, "Guys, your world is about to be turned upside down. How you earn and make money today is gonna totally change over the next several years."

Certainly by 2019, but it's gonna come very quickly. We're gonna see the rules and the regs later on this year. [inaudible 00:44:41] begin to see them. So my bold prediction is, we're gonna have a significant shift to how scared physicians are, and what opportunity that brings us as an industry. I mean, we have to educate. I think education... We're in the political season right now. It's super Tuesday.

Tone, you brought it up, and you made me think about this. Education, before people vote, I recommend everybody educate themselves before they pull the lever. But a lot of us, including Ryan and I, served our country and fought to give our country the freedoms to vote, and certainly our forefathers did. But we say all that because education is key. So I'm hoping that all of the care providers listening today, and everybody in healthcare today that's listening to this, is understanding and educating themselves about how healthcare payment and alternative payment models are gonna being to shift, become reality.

Micro is gonna take effect by 2019. We'll see the regs later this year. It's gonna change how healthcare is delivered much sooner than people realize.

Tom: Actually, can I go back to the bold predictions?

Justin: Of course.

Tom: I believe I have one. AS we start to enter the post EHR era, I think many EHRs will be relegated to the role of a data repository or a data warehouse, and will start to see tools... I believe UPMC had one last year at HIMSS that they were showing off. They changed the name. I can't remember the name of it, but essentially serve as a layer of abstraction above the EHR, and it won't necessarily solve the interoperability problem. But it will give clinicians and possibly care teams and patients access to that data that they are not getting today because of way that EHRs have been incentivized and engineered.

Justin: Yeah. I think, actually picking up on that, I don't disagree that there are gonna be data repositories. I'm already starting to see this in different communities... A different wave of EHR adoption. We have up to 50% to 60% of care providers are unhappy with their electronic health records. That fuels a lot of opportunity, I think, for people out there. Certainly the innovators.

So I think you're gonna see EHRs looked at differently. So I don't actually disagree with you, Tom. I think that some are gonna see them as a means to an end, and maybe a data repository. I think there's a lot more opportunity for these glaring technologies and innovations that are gonna help people use their

technologies differently, get more out of them, and also allow them to extend into their community with their patients.

So I think you're gonna see a lot of, I hope, opportunity there, not only for the innovators, but also for accessing information, creating more interoperability, creating more education for patients across the board.

Tom: Indeed.

Justin: Excellent. Well, thank you very much. We're a time. You guys were a fantastic panel. This actually went a lot smoother. I was nervous having six people on a panel. I'm usually a fan of four, but this, actually, was perfect.

So thank you very much everybody, and have a great rest of the conference.

Man: Thank you.

Man: Thank you.

Man: Thank you.

Man: Thank you.

[outro music]