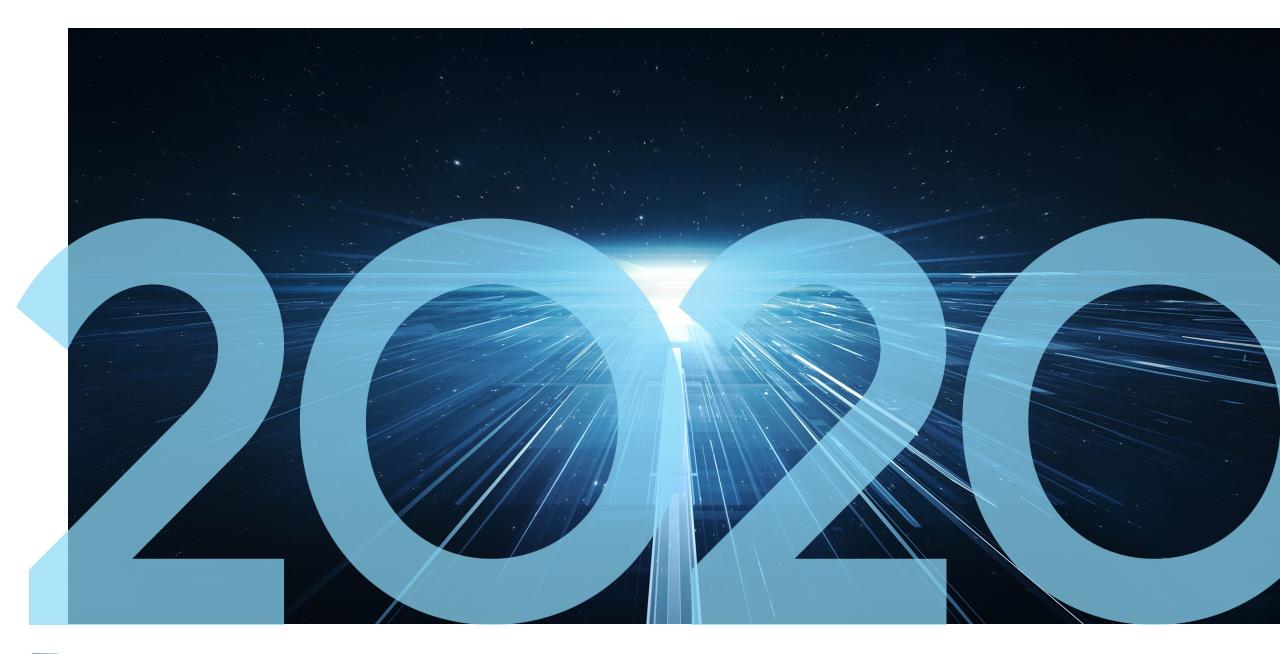
Dispelling the Myth of "Non-Disruptive" Disruption



Stephen K. Klasko, MD, MBA

President and CEO, Thomas Jefferson University and Jefferson Health Distinguished Fellow, World Economic Forum



WHAT PLANET WOULD HAVE CREATED THIS SYSTEM???

Mayo Clinic furloughs, cuts hours of 30,000 employees to help offset \$3B in pandemic losses

COVID-19 pushes Cleveland Clinic to \$39.9M operating loss in Q1

AHA report: Hospital financial losses from COVID-19 expected to top \$323 billion in 2020

What happened to Hospitals?



30,000 employees furloughed, \$3B loss



\$39.9m loss Q1



Losses of \$323B in 2020



What happened to Insurers?

Anthema

Up 14.9%, \$2.3B profit



Up 24.6%, \$1.8B profit



100% profit increase



100% profit increase





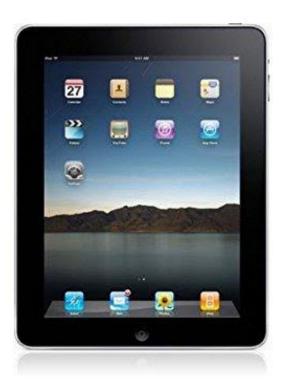


Healthcare has broken smashed the cost, access, quality and patient experience curve through a series of disruptive events and creative partnerships





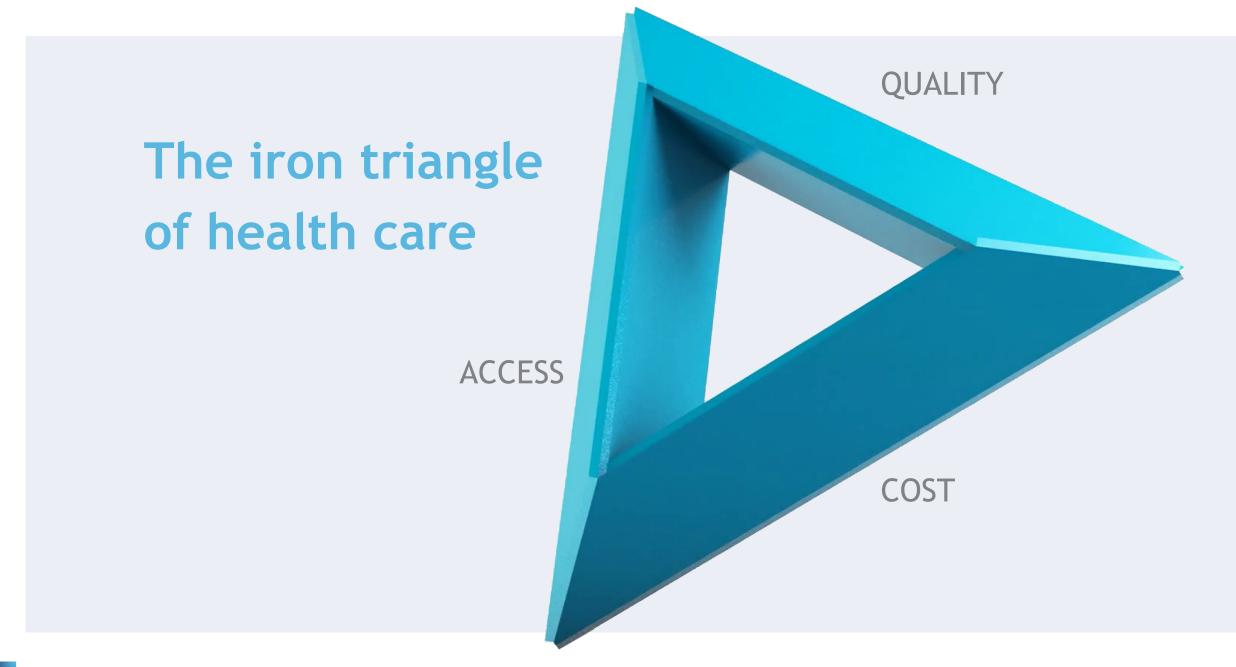


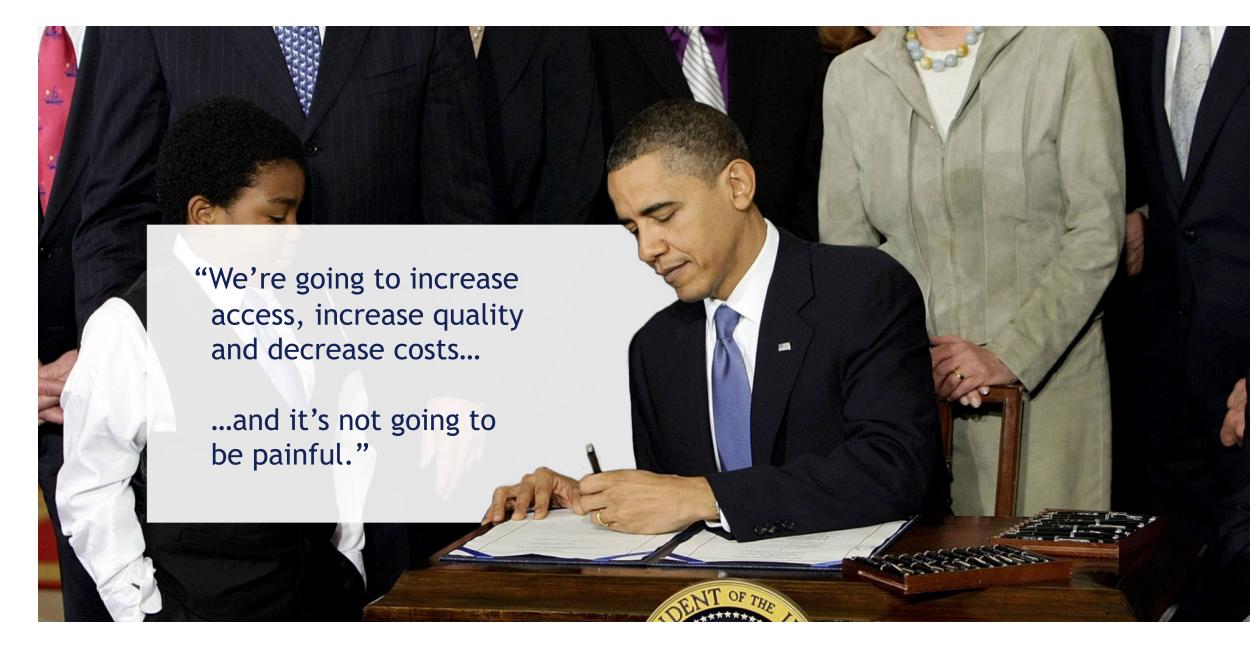














UnHealthcare: From Sick Care

B2B WHOLESALE

Providers sell themselves to physician and insurers.

Employers make decisions on behalf of individuals and their families.

HOUSE MONEY

B2C RETAIL

Providers sell themselves to consumers.

Individuals make decisions on benefits,
Providers and course of care.

YOUR MONEY







BERKSHIRE HATHAWAY INC.

amazon

JPMORGAN CHASE & CO.







What are People saying? HARRIS POLL

- 81 percent of the respondents said shopping for healthcare services should be as easy as shopping for other types of services.
- 67 percent of the respondents said it feels like every step of the healthcare process is a chore.
- 62 percent of the respondents said the healthcare experience feels like it's intentionally set up to be confusing.
- 56 percent of the respondents said they know people who will do anything to avoid seeking care because the healthcare experience is so poor.



IRON TRIANGLE OF HEALTHCARE To Health Assurance

Ability to thrive and not have health get in the way

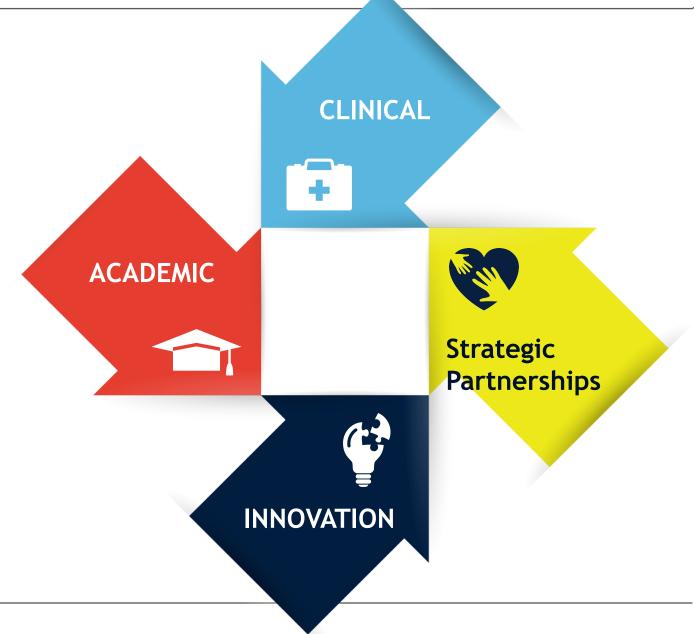
Ability to connect and have human relationships

Ability to easily navigate on their own terms

Ability to understand what they need to do

JEFFERSON PILLARS

OLD MATH: NEW MATH



Can a 195 year old AMC make it acting like a start-up company?

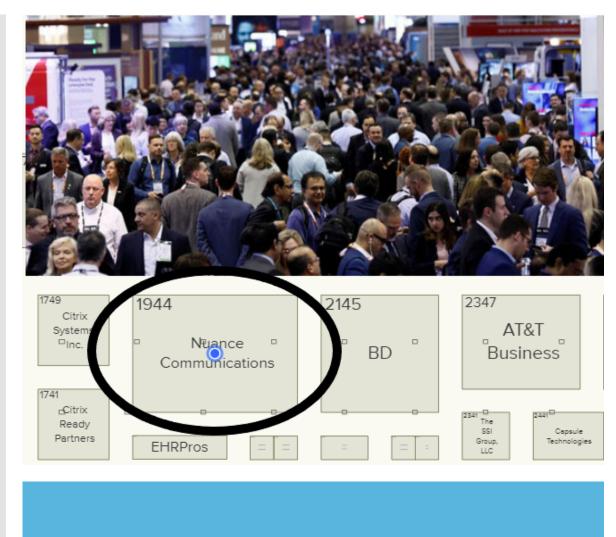


ASSUMPTIONS

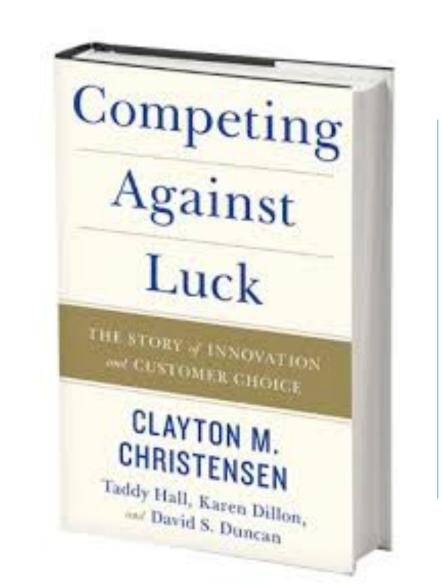
- Paid based on quality, cost patient experience and outcomes
- Hospital stays will be commoditized
- Our doctors and nurses will coexist (cooperate) with deep learning.
- Given the above, we will need to select and educate humans to be better humans than the robots, e.g. foster creativity
- Population health, predictive analytics, and social determinants need to move to the mainstream of clinical care, payment models and medical education

Retreating From Innovation Is Not an Option: Post COVID

- Build on disruption introduced by the pandemic
 - Remote monitoring
 - Virtual care delivery and rounds
- Set up structure to prevent innovation regression
 - Schedule a "minimum" number of virtual patient visits in each department
 - Prevent "backsliding"
- Establish innovation partners with different yet complimentary skills
 - Don't be a "vendee" be a partner

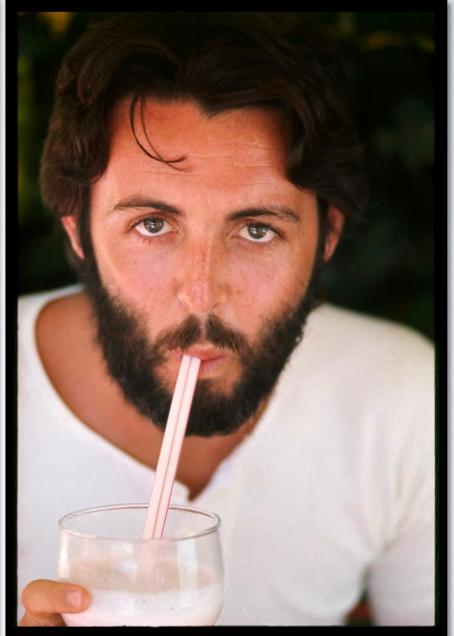














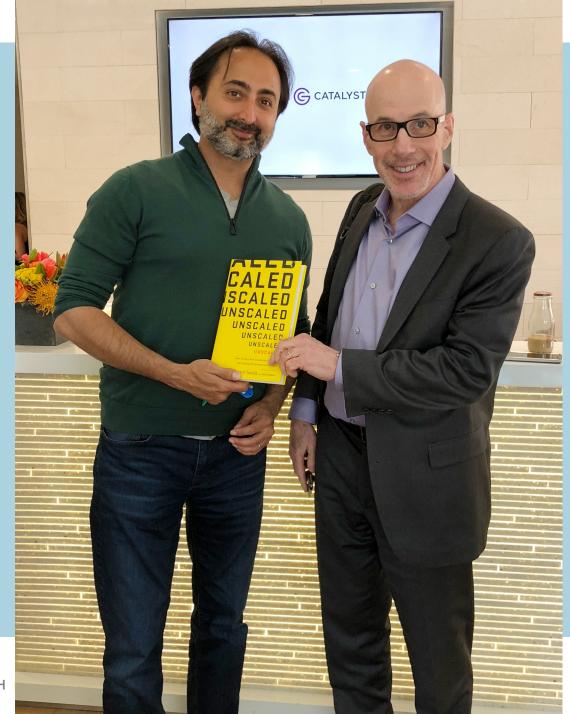


UN-SCALED

20th century principles of mass production and economies of scale are ceding to mass personalization and rentable scale



WARBY PARKER





UN-HEALTHCARE

Costly "sick care" is giving way to affordable, personalized, and preemptive care with genomics, sensors and Al-based digital therapies.

commure

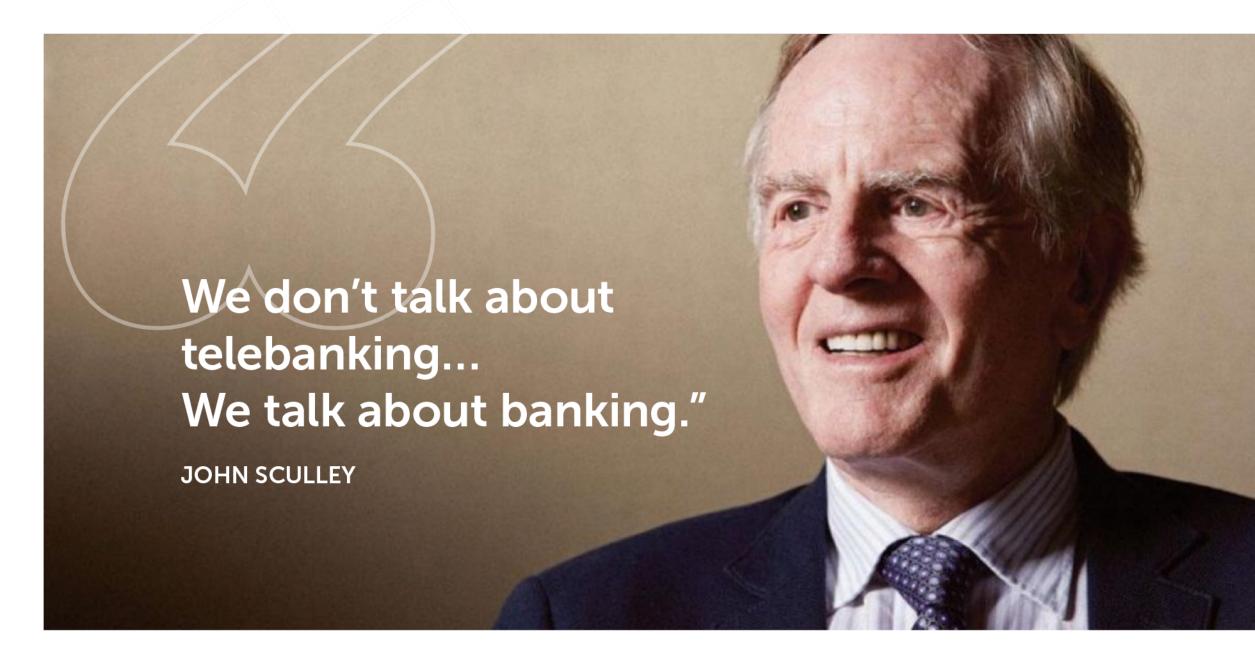
ambulnz**



To meet the needs of patients to access their healthcare in the flexible manner in which they consume every other consumer good.

To redefine Jefferson Health based on our care and caring rather than our location.





AN OBSESSION TOWARD MAKING WHAT'S DIFFICULT.

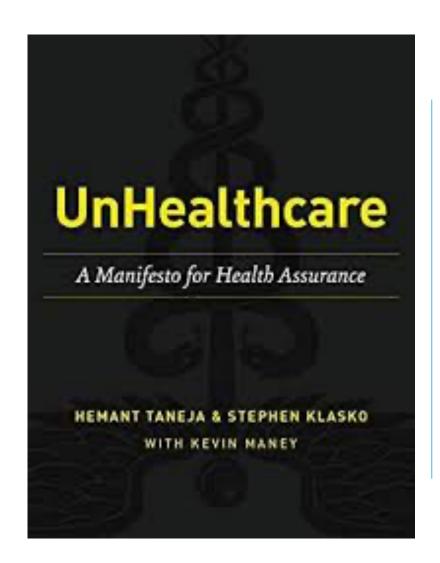




IN HEALTCARE EASIER

Long Ideas | Healthcare

Teladoc And Livongo: Made The First Move In Telehealth; Huge Upside





Health Assurance: When Patients are People

Create a strong sustainable partnership between technologists and providers to remake medicine's role in society

Apply data and technologic advances to deliver the best preventative, supportive and least intensive care possible

Re-center the healthcare experience to focus on the relationship between the needs of individual people and their care providers

Evolve the payor-patient-provider system to one where incentives are aligned across all constituencies

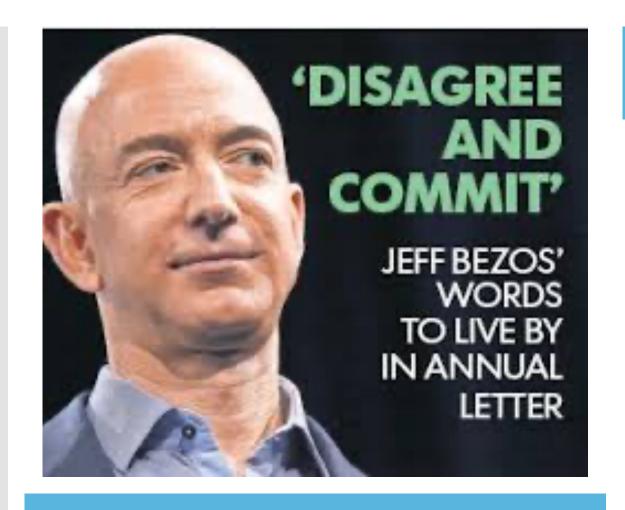
Scale a resilient model that can dynamically accommodate changes in demand

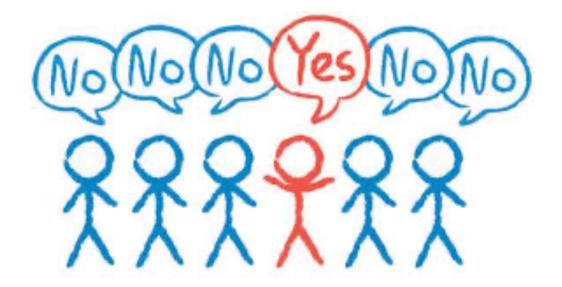
INNOVATION AS A GROWTH DRIVER





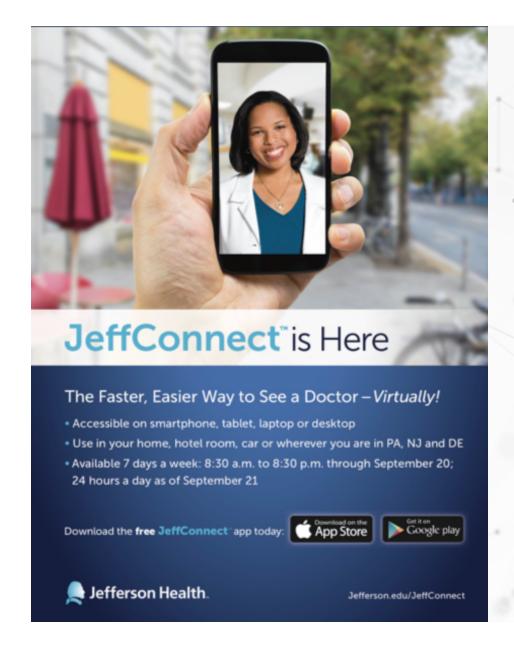












Today, for our employees, 60% of non-ambulance ER visits that utilize virtual triage and JeffConnect do not end up in our ERs:

- Urgent Care
- Direct Telehealth
- Next Day Office Scheduling

100,000 VISITS

5 YEARS

[JAN 2015 – JAN 2020]

vs 3 MONTHS

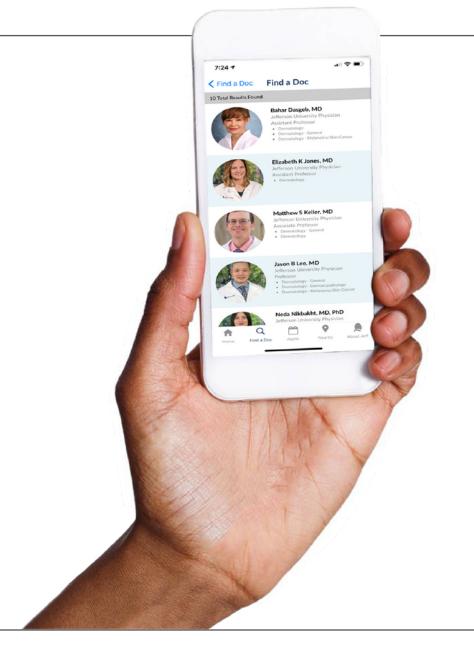
[FEB 2020 - APR 2020]

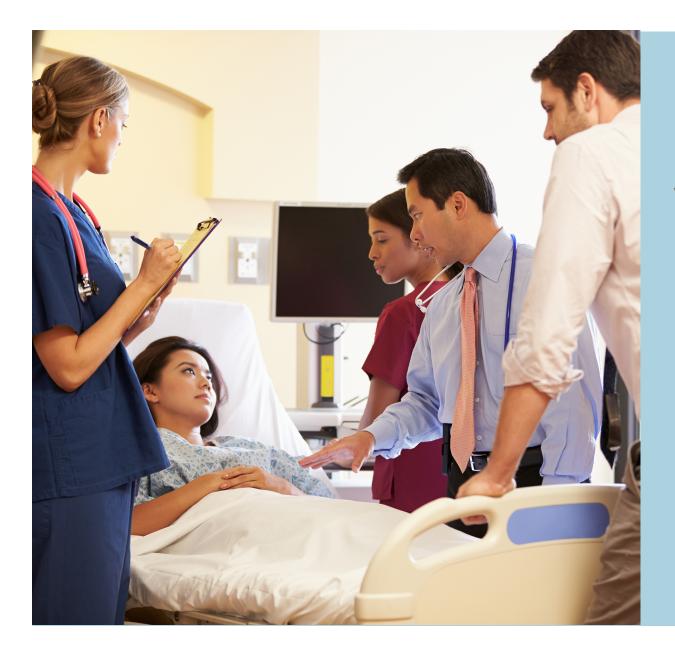


HEALTHCARE WITHNO ADDRESS

Care, like everything else: Digital

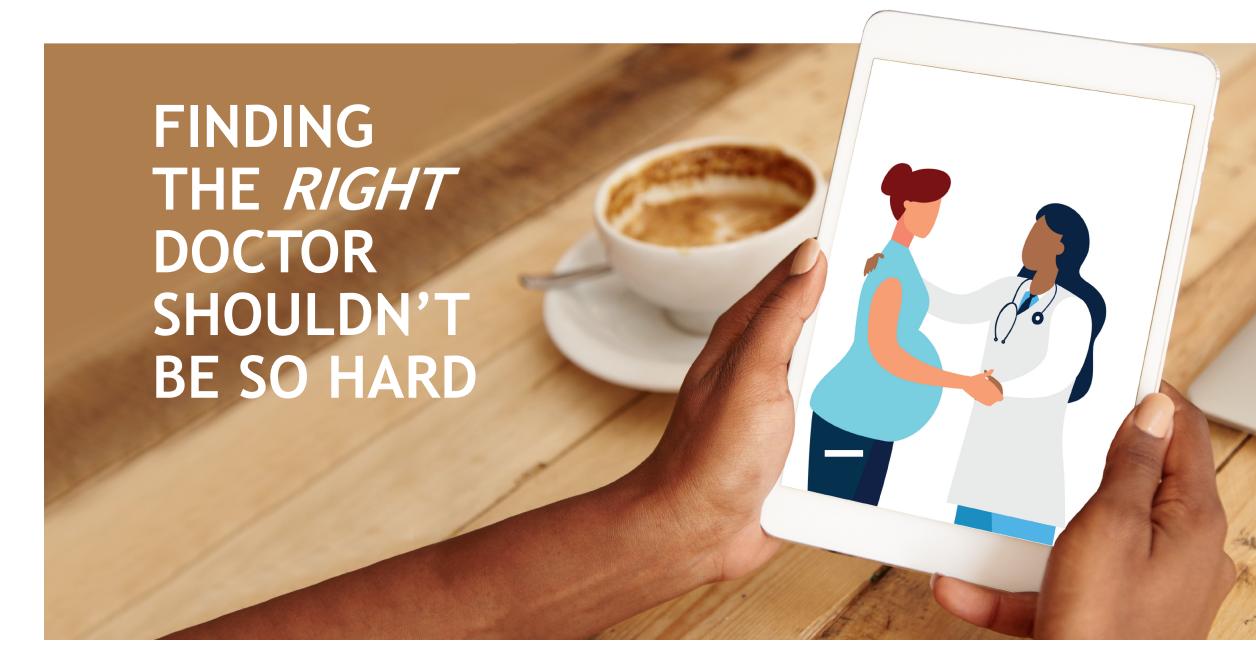
ACCESS | EXPERIENCE | CONVENIENCE





INPATIENT CARE Virtual Rounds

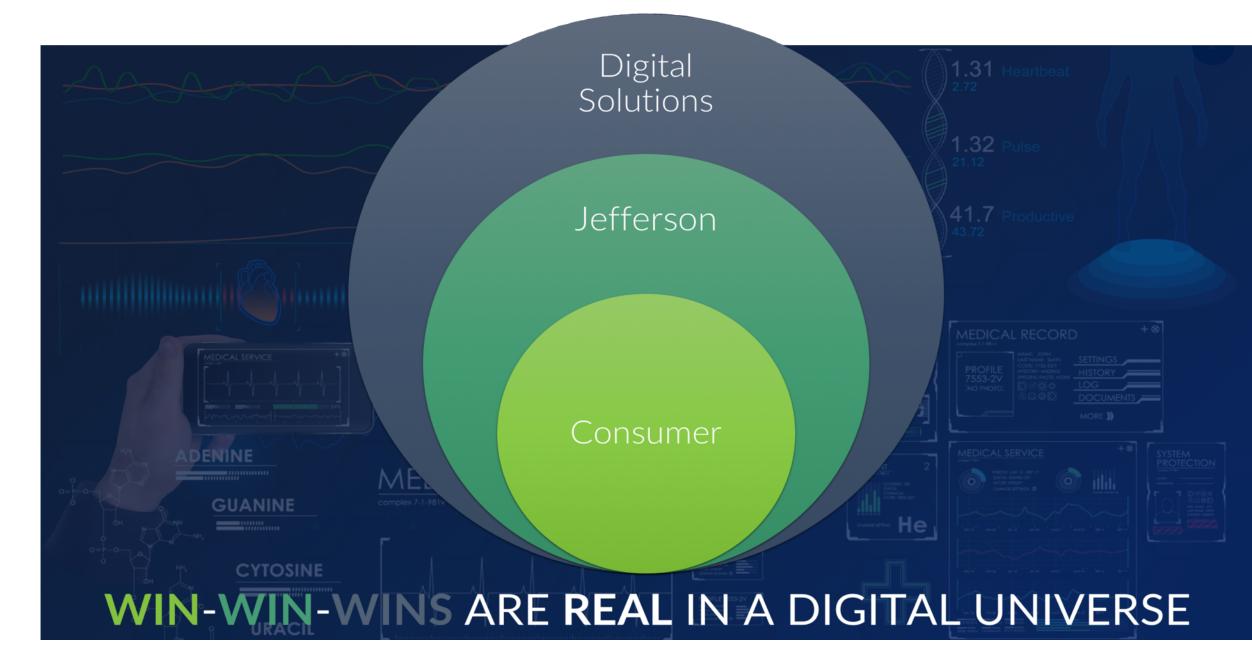
- Include key family members in daily rounds
- Enable family members & physicians to participate in discharge planning
- Available to all inpatients





APPOINTMENT REMINDER

Convenient to You











News

UK | World | Politics | Science | Education | Health | Brexit | Royals | Inve



Woman following sat-nav drives car straight into lake



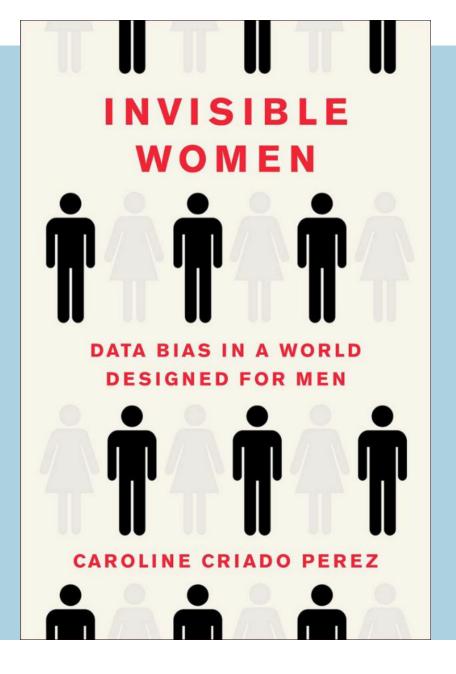






Over Trust

GENDER DATA GAP



nature



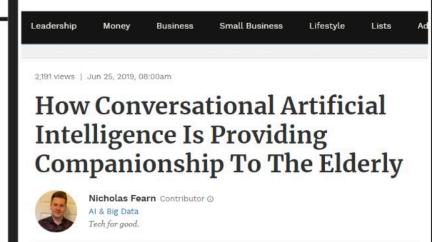




NEWS · 24 OCTOBER 2019 · UPDATE 26 OCTOBER 2019

Millions of black people affected by racial bias in health-care algorithms

Study reveals rampant racism in decision-making software used by US hospitals – and highlights ways to correct it.









How data scientists are using Al for suicide prevention

The Crisis Text Line uses machine learning to figure out who's at risk and when to intervene.

By Brian Resnick | @B_resnick | brian@vox.com | Updated Jun 9, 2018, 7:22am EDT



CONSUMER SEGMENTATION

- 1. Nobody knows what it costs to acquire a patient.
- 2. Nobody knows what it costs to retain a patient.
- 3. Nobody knows what it costs to prevent leakage
- 4. Patients and members, both new and existing, will tell you that healthcare marketing has zero impact on who they choose as their provider and payer.
- 5. Providers and payers will continue to spend money on marketing campaigns that do not resonate with anyone outside of marketing.

Healthcare Marketing is mired in the 1990s



Guide consumers by giving them the information they need to make good decisions about their health

 Consumers who are disengaged in managing their own healthcare are often unsatisfied and drive up costs

Find convenient ways for consumers to connect with the healthcare community

- ▶ Be Amazon, Target, Walmart
- Don't Be Macys, Sears, Penney's

Inspire loyalty

- Learn from success of other industries
- Demonstrate value for money
- ► Give consumers a single point of contact
- Create a seamless experience across the continuum

THE NEW YORKER



"You can't list your iPhone as your primary-care physician."

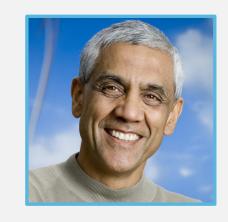
THE RISK OF TECHNOLOGY VS. TOUCH

DIFFERENTIATOR #1 "We Need an Extreme

Makeover of Medical Education."



Technology will replace 80% of what doctors do."



VINOD KHOSLA

"Any doctor that can be replaced by a computer should be."



START FROM THE BEGINNING

Doctors in 2020 were chosen based on 3 criteria:

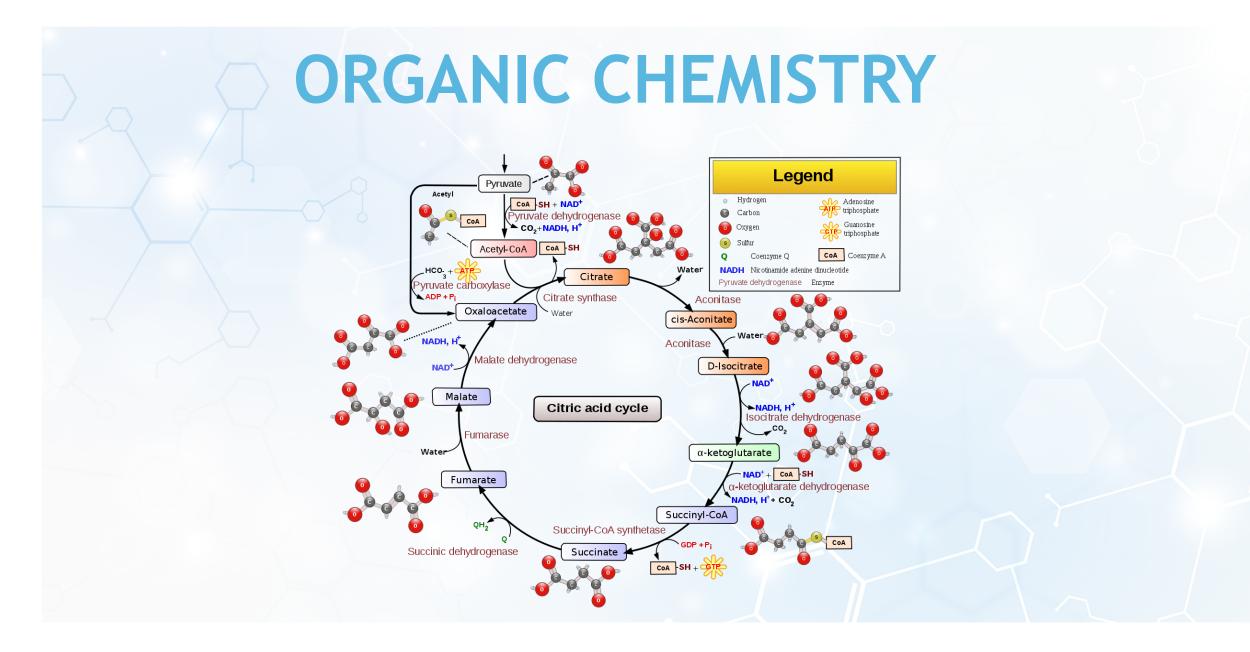
- Science GPA
- MCATs
- Organic Chemistry Performance



...AND SOMEHOW WE'RE AMAZED

Doctors in 2020 aren't more:

- Empathetic
- Communicative
- Creative





WHAT'S GOING ON IN THIS PICTURE?

Physicians of color are far too rare. This Jefferson study highlights one potential reason.

by Sarah Gantz, Updated: September 24, 2019-5:00 AM



GETTY IMAGES

POST

TWEET

SUBMIT

EMAIL

SHARE

Overemphasizing test scores may make radiation oncology residency programs too white, according to a new study by researchers at Thomas Jefferson University.

Radiation oncology, like most other medical specialties, has a dearth of minority doctors and



ADVERTISEMENT

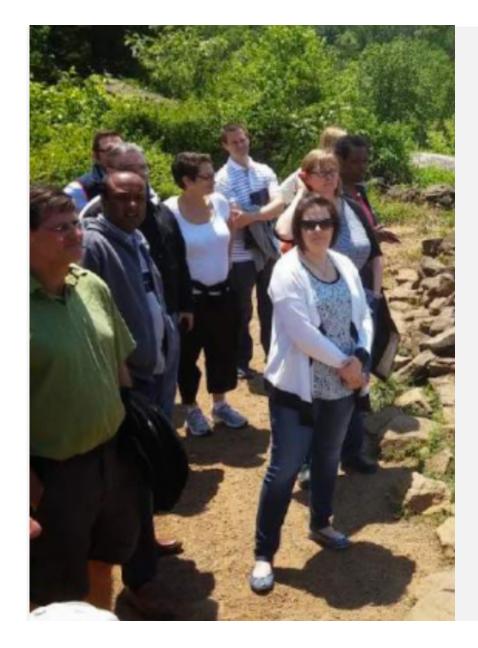


70% of Physicians Practicing 3 Years or Less Felt they Did Not Learn What They Need Most in Practice

- Management of Change
- Negotiations
- Healthcare Financing
- Effective Communication
- Making Patients Happy

- Individuals in an Organization
- Leadership Development
- Running an Effective Meeting
- The Fourth Industrial Revolution





JOLT: CHANGING CULTURE

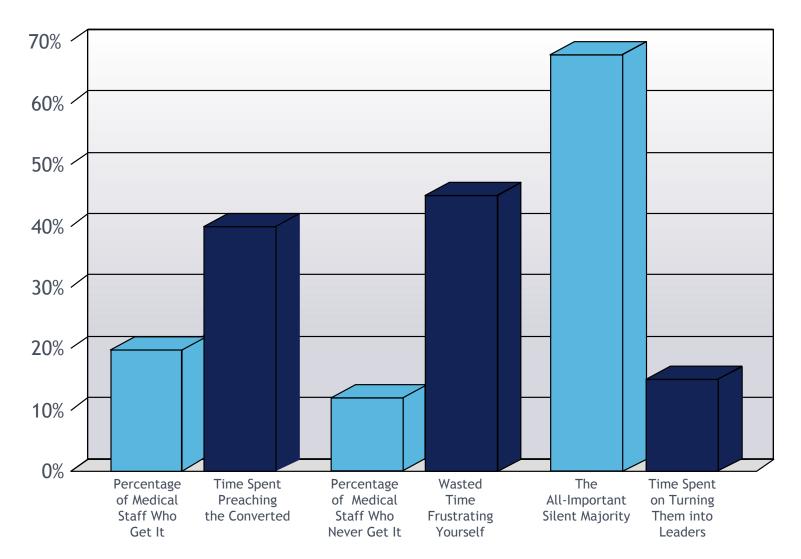
40 senior leaders yearly

Application process, sponsor involvement, executive approval

Three highly integrated streams in a 9-month program

- Classroom
- Project/Sketch Assignment
- Executive Coaching

PHYSICIAN ATTITUDES VS. ADMINISTRATORS TIME CHANGING THEM





OUTCOMES

- Competency Development
- Readiness for Leadership Roles
- Projects
- Participant Feedback
- Sponsor Feedback
- Physician Burnout





THE RIGHT WAY

- 133% commitment to and engagement in ensuring TJU's success
- 200% work in teams
- 167% effectively communicate and influence
- 250% loyalty to organization
- 80% willingness to serve in a leadership capacity



CoronaQuiz

What contributes most to your chances of becoming infected with COVID-19?

- Your Genetics
- Lack of Social Distancing
- Your ZIP Code







Modern Healthcare

Do we need a Greta Thunberg in healthcare? Dr. Stephen Klasko | January 31, 2020

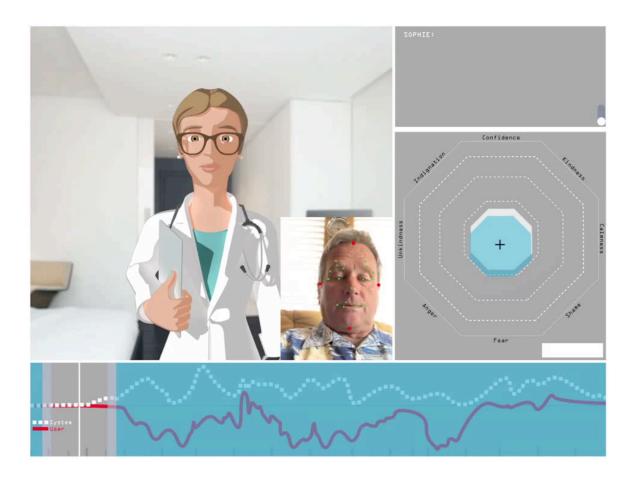


After a week at the World Economic Forum in Davos this month, I'm convinced the globe faces two existential threats that demand disruption of our businesses, our policies and indeed our lifestyles: climate change and health assurance for all."



2030

ROBOTS AND HUMANS WORKING TOGETHER TO PROVIDE BETTER HEALTH...FOR EVERYONE!



How Do We Not Just Make the Wealthy Healthier?

- We need large scale transformations in healthcare to both survive as a business and to have a positive societal outcome
- True disruption means threatening your existing product line and your past investments. Breakthrough products disrupt current lines of business.
- There is no such thing as non-disruptive disruption
 - It will be painful for those who don't want to think differently as new ecosystems are built
 - The fourth industrial revolution will give us the tools and data to do this but we need to proactively address the human and ethical consequences
 - Social determinants and health inequities need to move from academic ponderings to the mainstream of clinical care and health policy





CYBERSECURITY: THE NEXT HOSPITAL BOARD CRISIS



U.S. consumers were asked which is more important to them—data security or convenience regarding access to different kinds of health data

"The Amazon Moment in Healthcare Is Coming!"

- From sick care to health assurance (people are not patients until they are sick)
- From hospital to home, from the physician and administrator as the boss to the patient as the boss
- From static to continuous data—"abolish the physical"
- From humans as robots to humans as humans

THE TEN YEAR GAME-CHANGER

Deep Learning, Machine Cognition, Augmented, Intelligence

By 2022

25% of hospitals with \$1 billion of net revenue were providing real time genomic based decision support at the time of Rx writing

By 2024

20% of the population with chronic conditions were relying on virtual health assistants for wellness and management

By 2025

Health systems have moved from "sick care" to health assurance; Health policy rewards healthy choices; Food a home environment are among the variables in how health systems are paid

By 2029

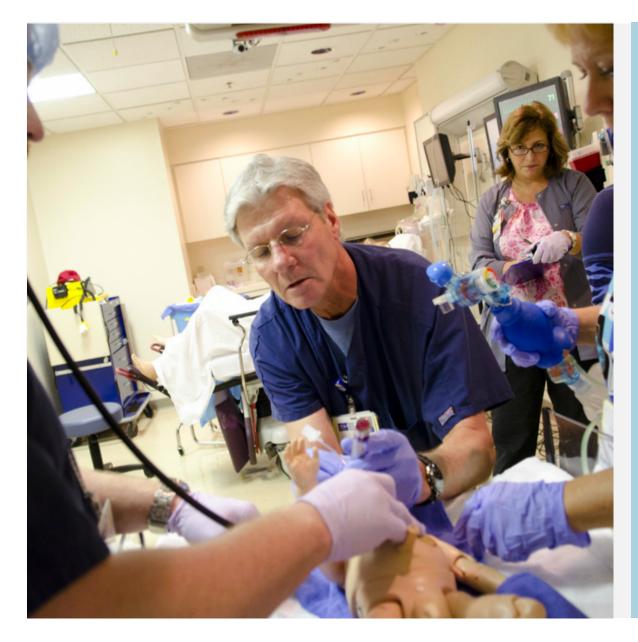
For the first time, the majority of interactions were virtual or remote and the majority of those involved AI or machine cognition applications

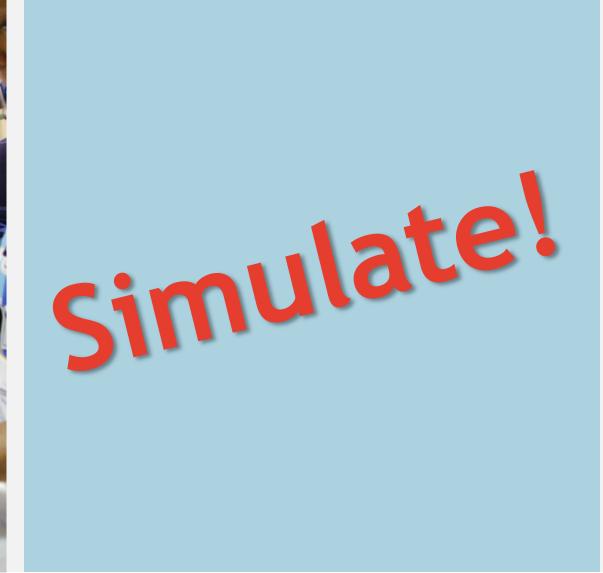
A New Educational Paradigm

Transplanting Medical
Advances and Knowledge
into Improved Patient
Care Through Procedure
Rehearsal Studios











IS YOUR SURGEON **QUALIFIED?**

Can they prove it?

