

Covid-19 and the Transformation of Healthcare: Managing the Challenges, Capitalizing on the Opportunities

Robert M. Wachter, MD
Professor and Chair, Dept. of Medicine
Univ. of California, San Francisco
@bob_wachter
robert.wachter@ucsf.edu

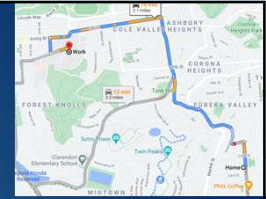
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Before we start, let's check in to be
sure everybody is feeling OK...

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Talk Roadmap

- ▶ A few thoughts on how we've managed the pandemic and the problems it has exposed in our politics and society
- ▶ A few tech innovations that were accelerated by Covid
 - ▶ Telemedicine, dashboards
 - ▶ Plus a few that might have hit the tipping point, but didn't
 - ▶ Entering the post-EHR era: why and what that means
- ▶ A couple of areas in which everyone is saying the right things, but I worry about follow-through



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The Dominant Challenge in Preparing for a Pandemic

“Everything we do before a pandemic will seem alarmist. Everything we do after will seem inadequate.”

— Michael Leavitt, former HHS secretary

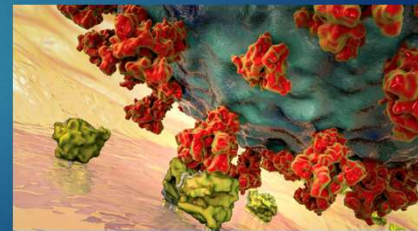


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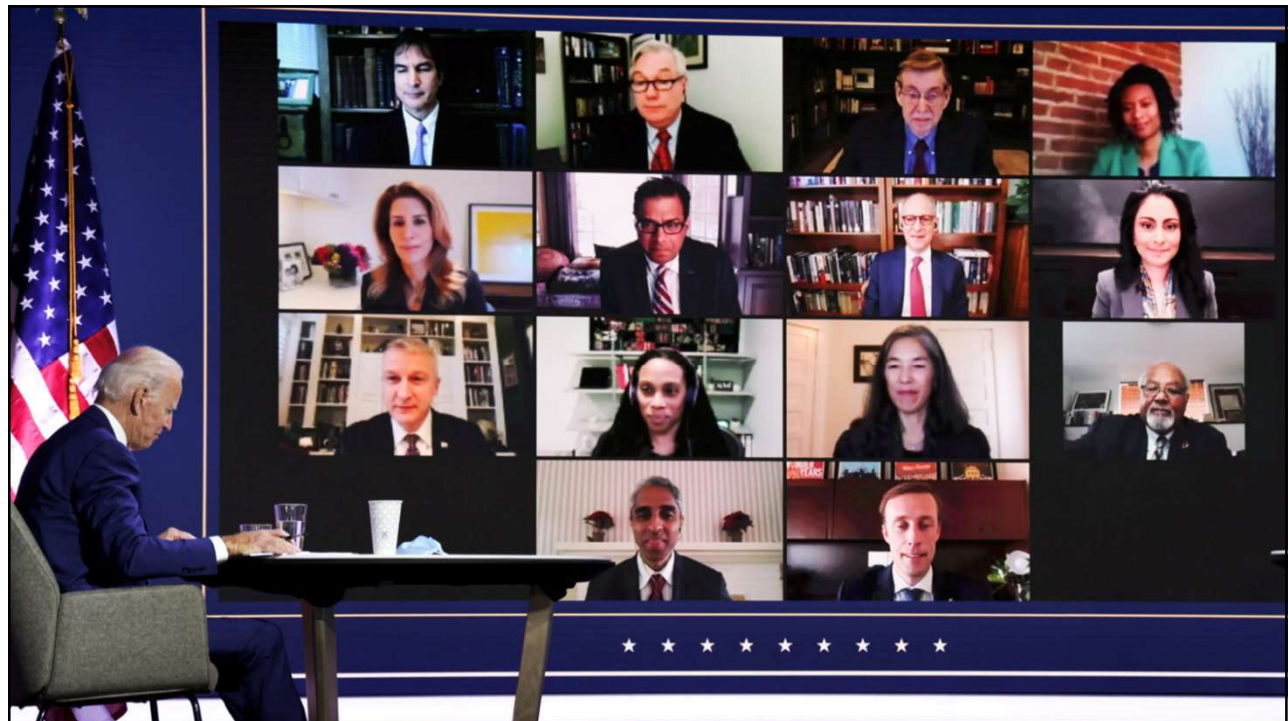
The American Response

“Aspects of America’s identity may need rethinking after COVID-19. Many of the country’s values have seemed to work against it during the pandemic. Its individualism, exceptionalism, and tendency to equate doing whatever you want with an act of resistance meant that when it came time to save lives and stay indoors, some people flocked to bars and clubs. Having internalized years of anti-terrorism messaging following 9/11, Americans resolved to not live in fear. But SARS-CoV-2 has no interest in their terror, only their cells.”

Ed Yong, *The Atlantic*, March 25, 2020



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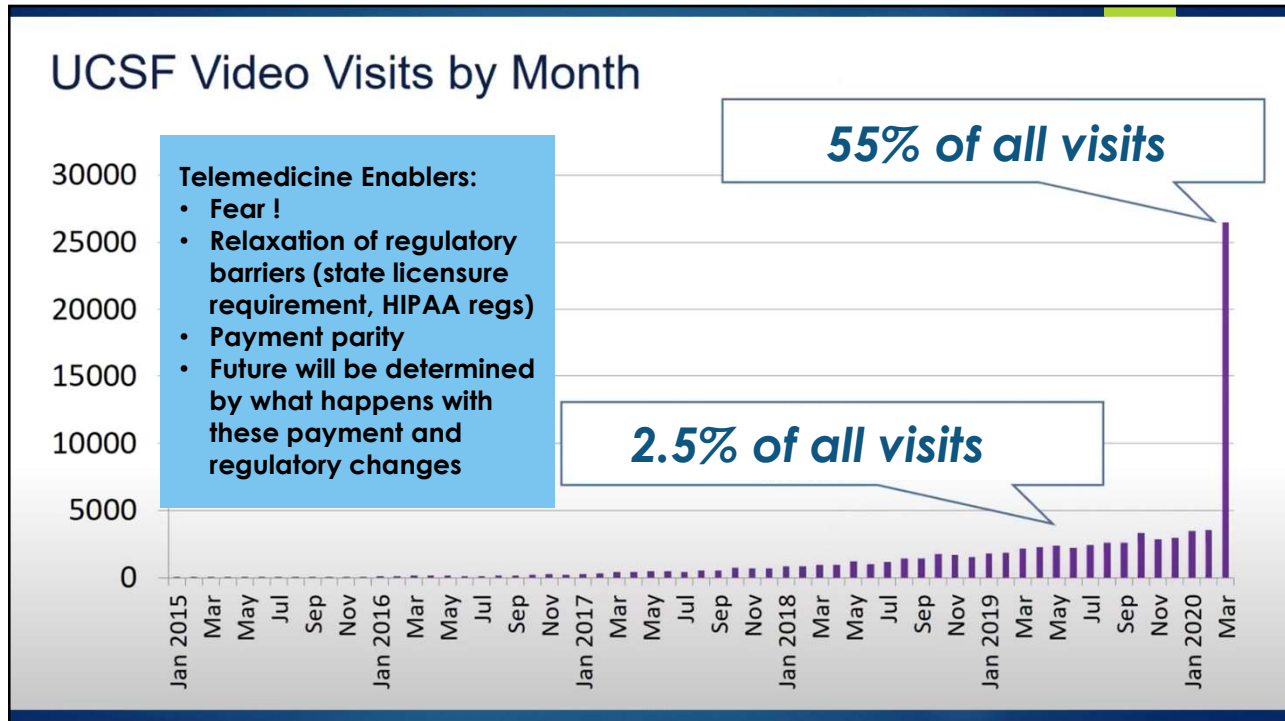
Technology-related Innovations: Which Ones Will Endure?







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The Fundamental Question About Telemedicine/Virtual Visits

- ▶ Is it simply a visit replacement?
 - ▶ Fine if so: convenient for patients, maybe for providers
 - ▶ Opens up new non-geographically-determined care options
 - ▶ Potentially good for patients, but new competitive threats for health systems
- ▶ Or does it pave the way for true virtual care – the real game-changer
 - ▶ Patients no longer coming into office to get BP, weight, glucose checks, etc. means new dependence on digital data streams
 - ▶ Measures less episodic; more semi-continuous
 - ▶ The trillion-dollar question: how will we manage these new data flows?

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Patient 42 has irregular HR and is short of breath. Let's do a televisit ASAP

Patient 13's weight is up and O2 sat is worse. I'll lock the salt shaker and the fridge

Patient 112's sugar is high again: the algorithm bumped the insulin but let's get the coach involved

The Care Traffic Controllers

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Dashboards

Finally taking all that data and delivering usable, real time information in visually attractive and actionable form to managers and clinicians

UCSF Health COVID-19 Enterprise Dashboard

Current Hospitalizations by current level of care: 42 (Today), 85,653 (36 Pending To date), 7 (Hours to result)

COVID-19 Test Positive Daily Patients Hospitalized: 57 (ICU, Not ICU, Acute Care/ICU/ED)

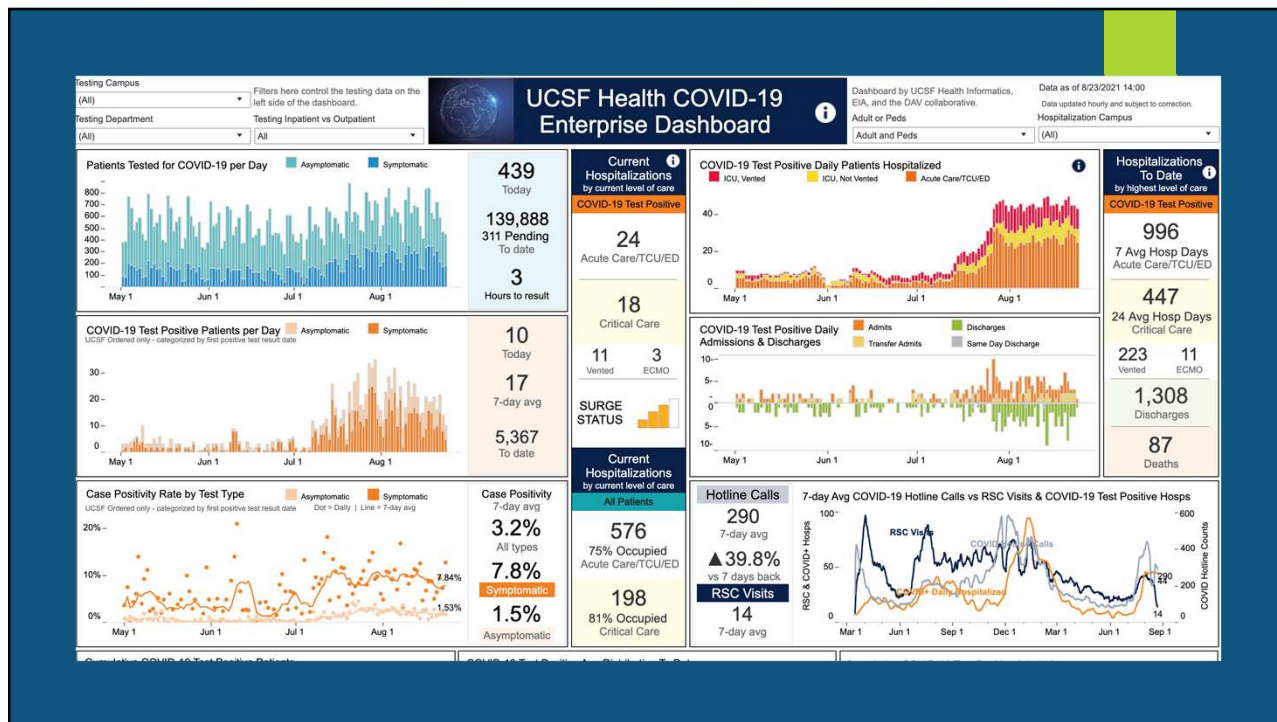
Hospitalizations To Date by highest level of care: 569 (7 Avg Hosp Days Acute Care/ICU/ED), 262 (23 Avg Hosp Days Critical Care)

COVID-19 Test Positive Patients per Day: 13 (Today), 26 (7-day avg), 2,873 (To date)

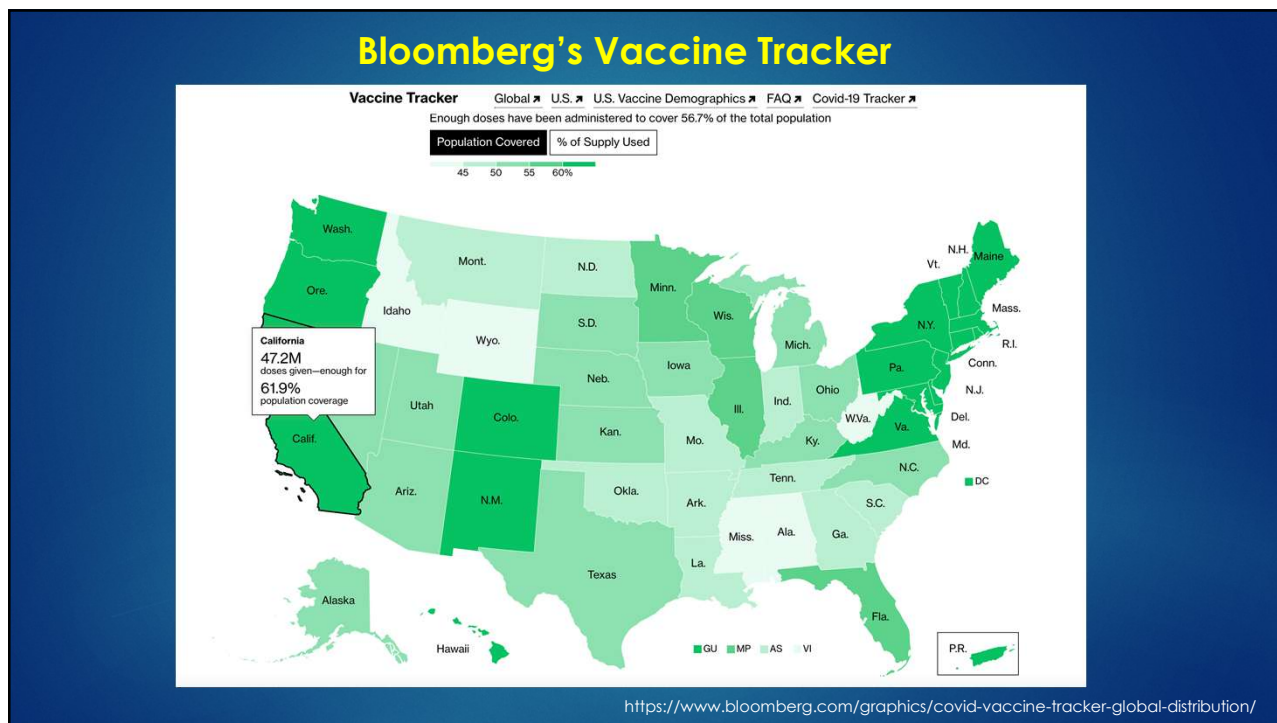
Case Positivity Rate by Test Type: 5.3% (Today), 61% (Occupied)

Hotline Calls: 484 (7-day avg), 8.4%

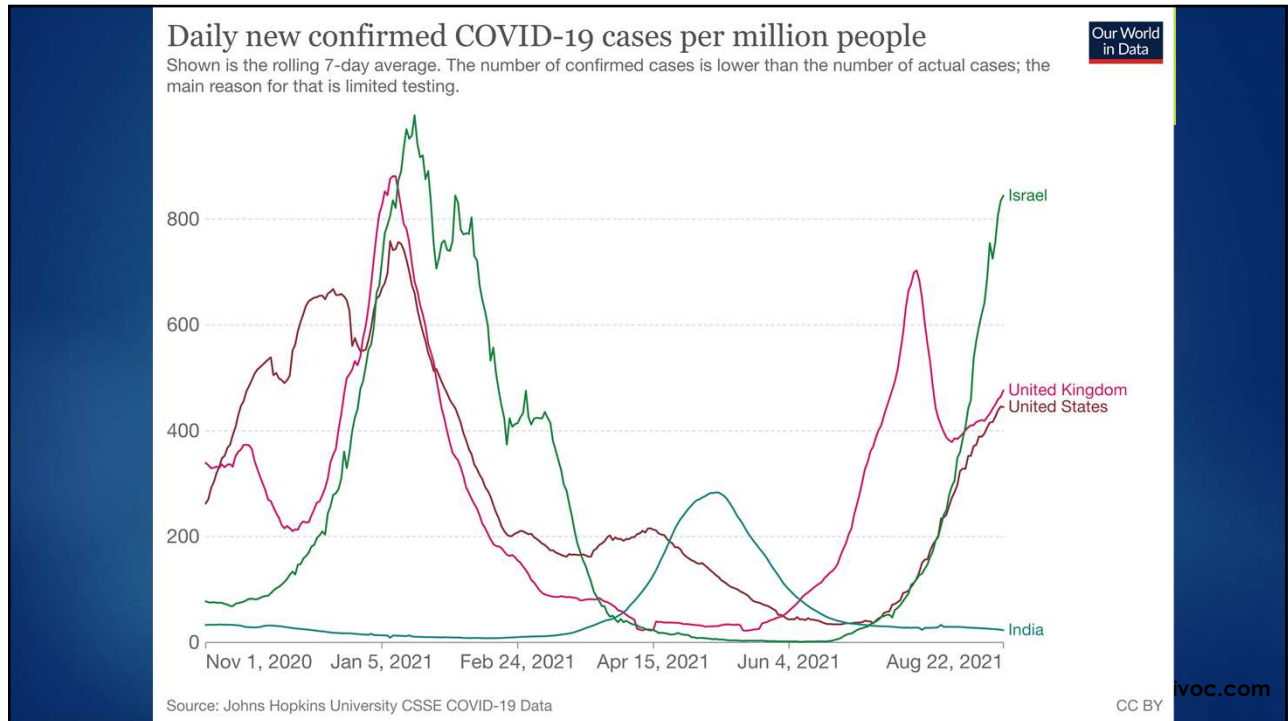
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Calculate approximate risk of contracting COVID

Step 1: Enter your location

Country or US State:
California

County:
San Francisco

Override location-based data

> Details

Step 2: Describe the scenario

Grocery store for 60 minutes (few other shoppers)
A gathering, activity, or errand

Your Vaccine: Which vaccine did you receive?
Pfizer BioNTech

How many doses?
2 (0.17x)

Nearby people

People: How many people are usually within 15 feet (5 meters) of you, at any given time?
3

Distance: How close are these nearby people, on average?
6+ feet / 2+ meters apart [1/2 the risk]

Duration: How long is the activity, in minutes? (For a repeated activity: minutes per week?)
60

Low Risk

3% of your weekly risk budget

~5 microCOVIDs each time (probably between: 2 to 20)

Microcovid.org

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How About AI, Data-sharing Apps, and Interoperability?

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90+ Healthcare AI Startups To Watch

Imaging & Diagnostics



Drug Discovery




While one might have anticipated the pandemic would be a moment for AI to shine, I can't identify a true game-changing AI application



Created by You. Powered by CBINSIGHTS

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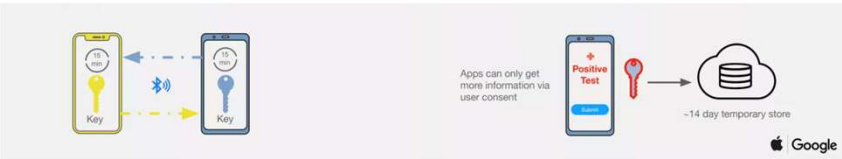
Alice and Bob meet each other for the first time and have a 10-minute conversation.

Bob is positively diagnosed for COVID-19 and enters the test result in an app from a public health authority.

Perhaps months too late, the Apple-Google Covid-19 contact tracing tool comes to America

Virginia is the first US state to come out with an app that uses Bluetooth-based tech, nearly three months after its release.

By **Sara Morrison** | Aug 6, 2020, 4:46pm EDT



Apple and Google

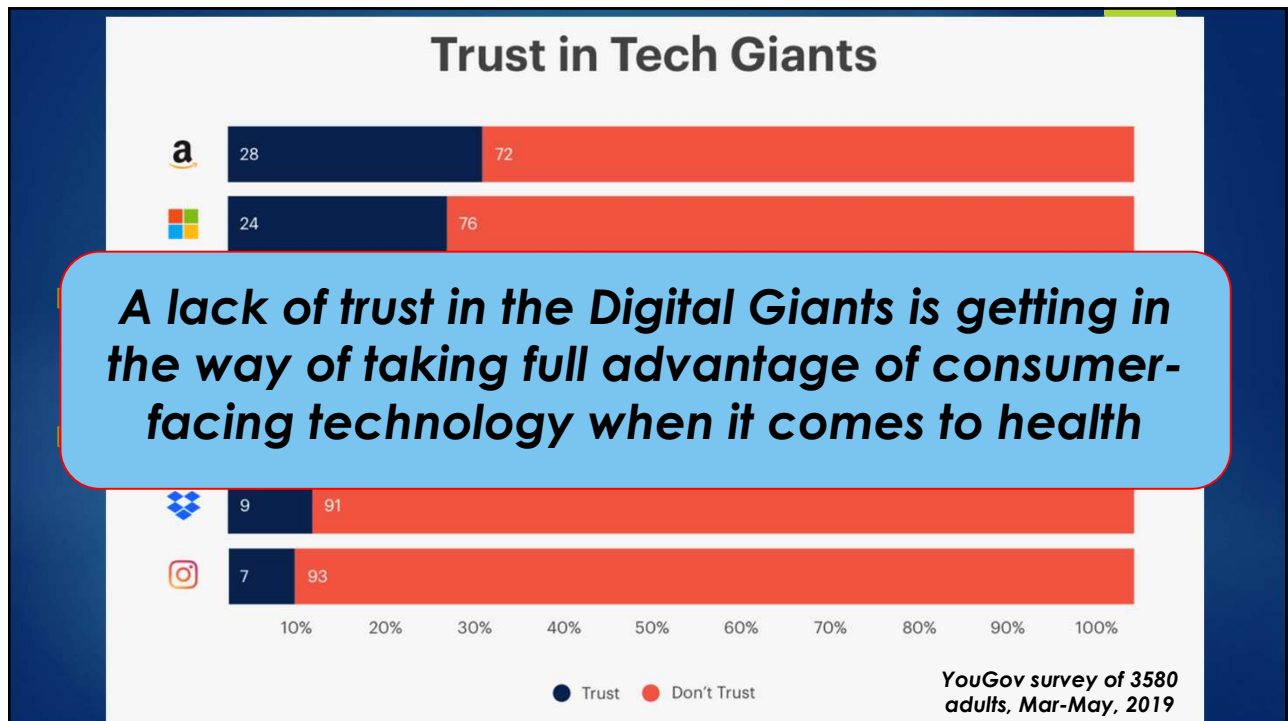
Vex

Apps can only get more information via user consent.


~14 day temporary store

Google

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 THE VICE PRESIDENT
 WASHINGTON
 March 29, 2020
 Dear Hospital Administrator:

The pandemic might have been an opportunity to promote interoperability, but we still find ourselves faxing spreadsheets

- i. Commercial laboratories: LabCorp, BioReference Laboratories, Quest Diagnostics, Mayo Clinic Laboratories, and ARUP Laboratories.
- b. Reporting Instructions: We request that all data for COVID-19 testing completed at “in-house” laboratories or a laboratory not listed above be **reported** using the attached spreadsheet.

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Health IT Needs Its Golden Spike






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Maybe the Stupidest Thing I Ever Said to a Mentee



“What will you do after we’ve implemented our EHR?”

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Digital Health Investments Are Growing



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(Re) Enter the Digital Giants....

November 06, 2018 12:00 AM
August 20, 2021 04:59 PM
Google says health projects will continue—even if Google Health won't
JESSICA KIM COHEN

TWEET SHARE IN SHARE EMAIL REPRINTS

Google

BRIEFING • ARTIFICIAL INTELLIGENCE
Here's How Microsoft Plans To Modernize Healthcare
By Erin Corbett February 7, 2019

Sorry, We're
CLOSED
FOR EVER!

WSJ NEWS EXCLUSIVE | TECH
Apple Struggles in Push to Make Healthcare Its Greatest Legacy
Tech giant has envisioned hiring doctors to offer primary care, now focused on Watch

For Sale

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Why Health IT May Finally Be Entering a New (Post-EHR) Phase



- ▶ Winners in EHR derby: healthcare-specific companies, good at collecting data & moving it around
 - ▶ They were ready when healthcare went digital
 - ▶ Not expert in consumer-facing tools, user interface, learning from data, communication, visualization....
- ▶ Now entering the post-EHR era, facilitated by value pressure, population health needs, interoperability, cloud computing, AI, digital companies maturing... and the obvious limitations of what EHRs can offer

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UCSF Health Digital Patient Experience

The Right Patient. The Right Provider. The Right Time. The Right Modality.

Together, we are creating a unified digital experience enabling UCSF Health patients and consumers easily and efficiently access and interact with care delivery in a personalized, digitalized, and modern.

The Digital Patient Experience (DPE) is an ambitious, multi-year effort to make UCSF Health the premier digitally enabled care provider. It represents collaboration across multiple skills, disciplines, and areas across UCSF.

Integration

Newsletter
Check out the latest DPE Insider.
SUBSCRIBE


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I have three boxes on my desk: In, Out, and Too Hard.

— Warren Buffett —

Palpably Unmet Needs:

- Public Health/Preparedness
- Healthcare Disparities



AZ Quotes

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Preparing for the Next Pandemic

“The most promising way to deal with a possible recurrence is, to sum it up in a single word, *preparedness*. And now is the time to prepare.”

*Surgeon General Rupert Blue
October 1918*



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“Obvious” Changes That May Go Into the “Too Hard” Box

- ▶ Everyone will profess to be committed to adequately resourcing public health. Beyond having an off-the-shelf plan for the next pandemic, this support will weaken once the Covid-19 pandemic is over
 - ▶ No powerful constituency
 - ▶ Hard to find resources for prevention when pitted against current needs
- ▶ Everyone will profess to be shocked by the disparities illustrated by Covid-19 (although they've been well appreciated for decades). Expect lots of lip service about addressing them, and then it too will recede
 - ▶ Most relate to social determinants of health, so they'll require investments in housing, jobs, justice system, and education, as well as significant income redistribution... all of which are politically challenging

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Several Easy Predictions, and a Hard One



- ▶ Health IT *will*, ultimately, transform and disrupt health and healthcare
- ▶ The new system will be less institution-focused, less geographically determined, more patient-centric, and deliver higher quality, less expensive, and more equitable care
- ▶ The winners will be any one of these four parties:
 - ▶ Existing healthcare organizations that thoughtfully embrace transformation
 - ▶ EHR vendors that innovate and open their architecture
 - ▶ Digital giants that are able to maintain a focus on health (lower probability)
 - ▶ New companies (start-ups) that skillfully address important use-cases
- ▶ ***The hard thing to predict: when?***

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A Time for Optimism?



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