

HEALTH ASSURANCE IN 2032

From COVID
to Consumerism



Stephen K. Klasko, MD, MBA

Executive in Residence, General Catalyst

Distinguished Fellow, World Economic Forum

Fmr. President and CEO, Thomas Jefferson University and Jefferson Health

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Sea Island, Georgia
March 6–8, 2022

BACK IN

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Health Care Reform Has Managed
To Confuse Everybody



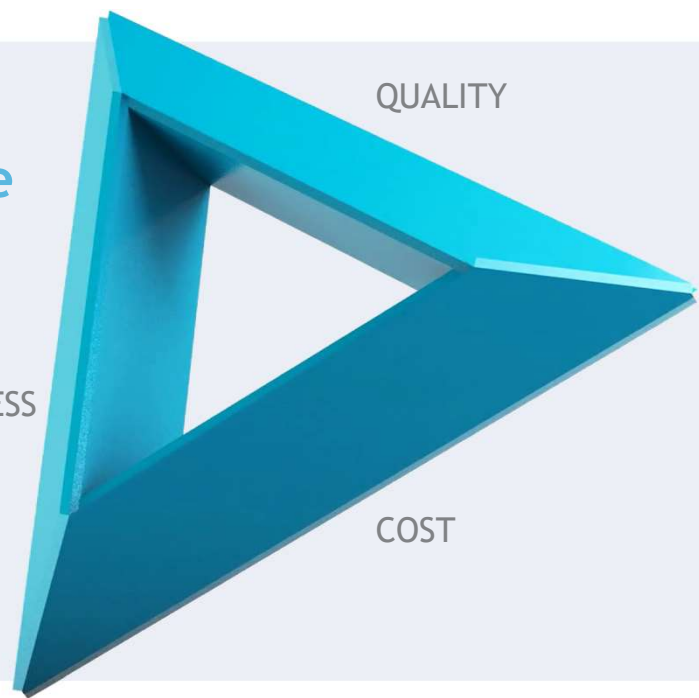
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The iron triangle
of health care

ACCESS

QUALITY

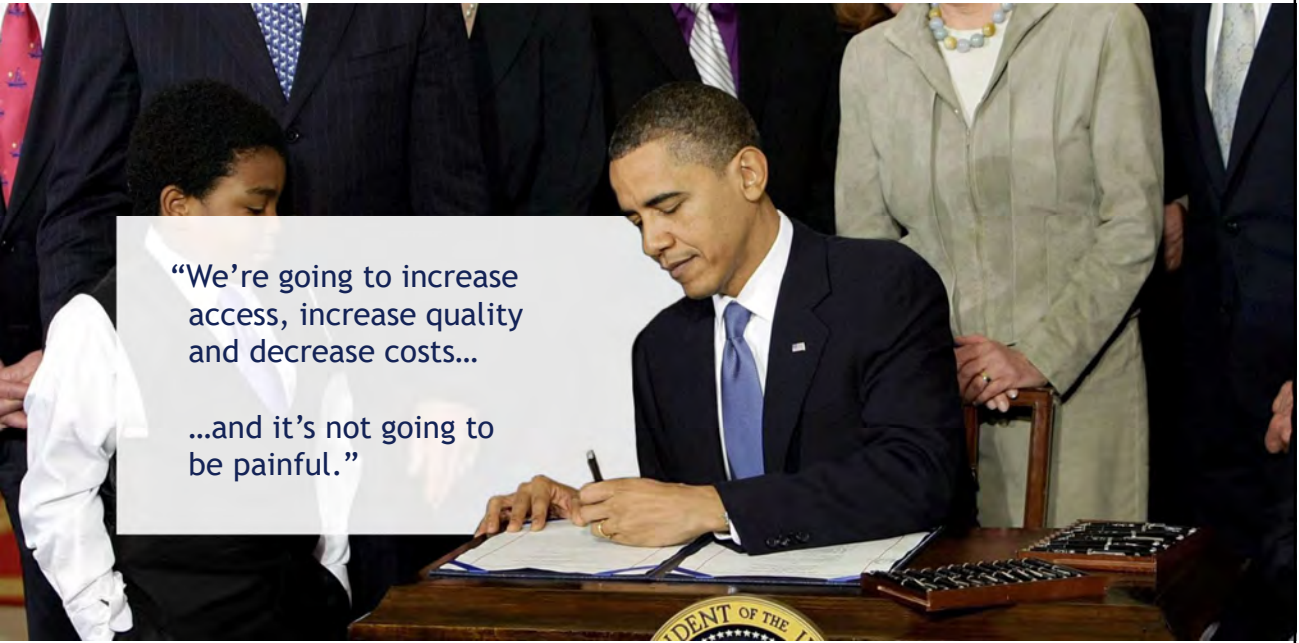
COST



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Beautiful
TERRIFIC
unbelievable
HUGE
HEALTH
PLAN

“True disruption means threatening your existing product line and your past investments. Breakthrough products disrupt current lines of business.”

– Peter Diamandis



In 2001 while Dell was talking about the laptop of the future...



...and Windows was crashing



Steve was thinking about what was going to be obvious ten years from now.



The “I revolution.”



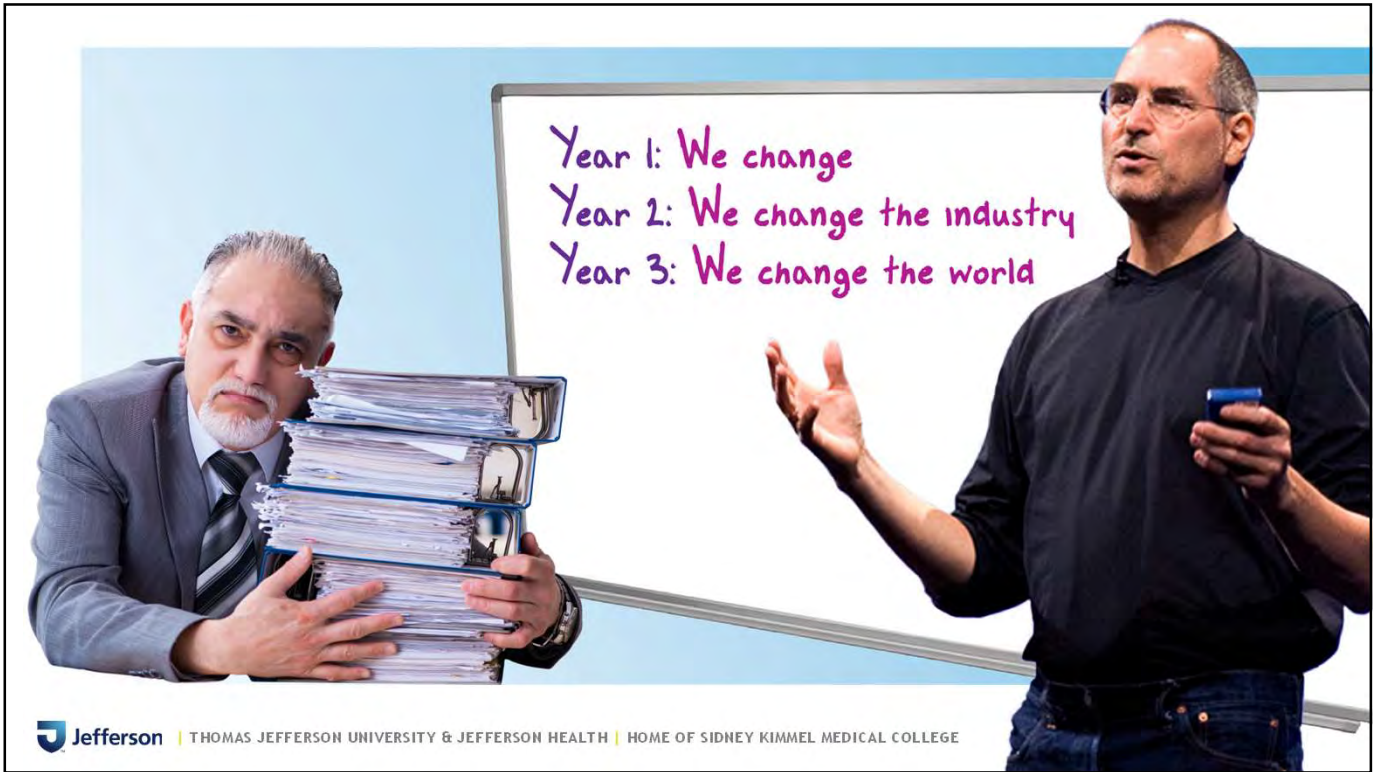
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...No I Did Not keep my Apple Options

Apple's Market Value



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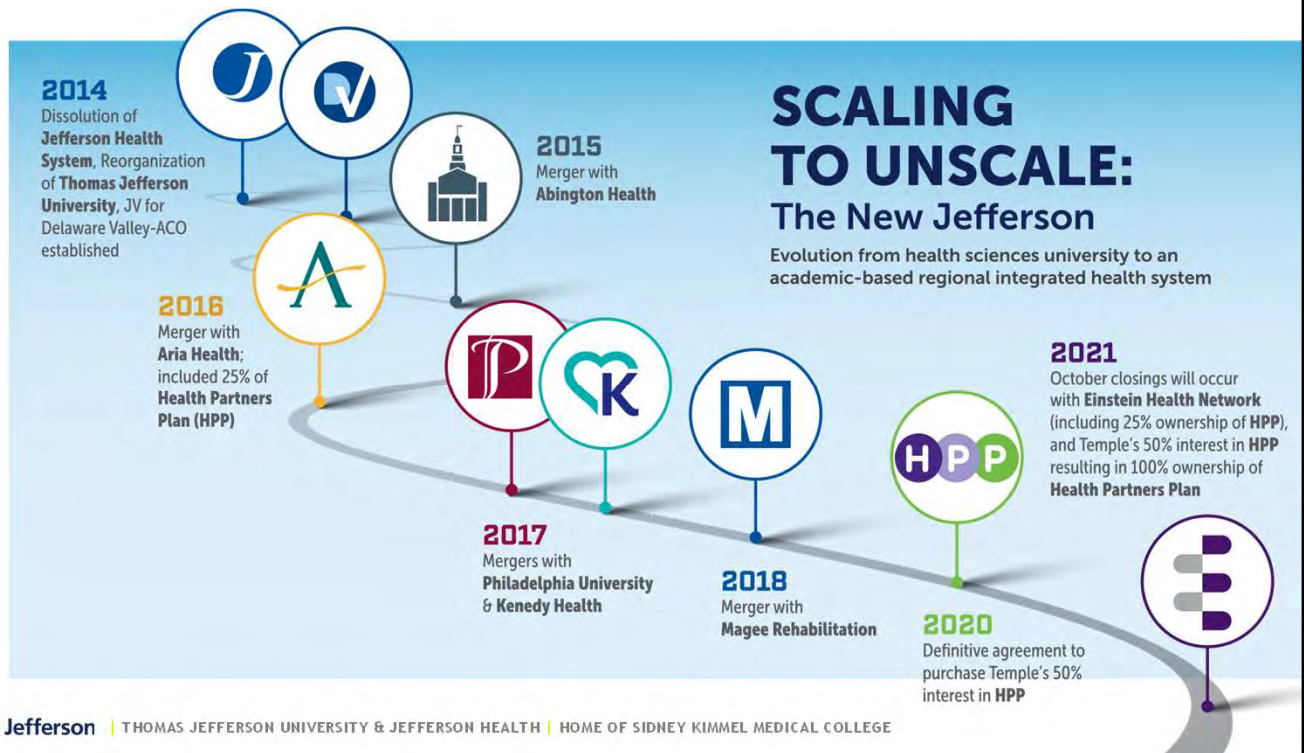
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ASSUMPTIONS

- 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

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Old Math vs **NEW MATH**

JEFFERSON PILLARS

ACADEMIC CLINICAL

PHILANTHROPY INNOVATION


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

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DIVERSIFICATION

**Going All In With
The New Math:
The Second
Term Retreat**

- **Strategic partnerships** and innovation become the core of the health system’s strategic vision
- They become the differentiator and driver
- Management team overseeing the clinical and academic enterprises charged with making the strategic opportunities and innovation opportunities work

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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.

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Our take: Moody's downgrades nonprofit hospitals' financial outlook to negative

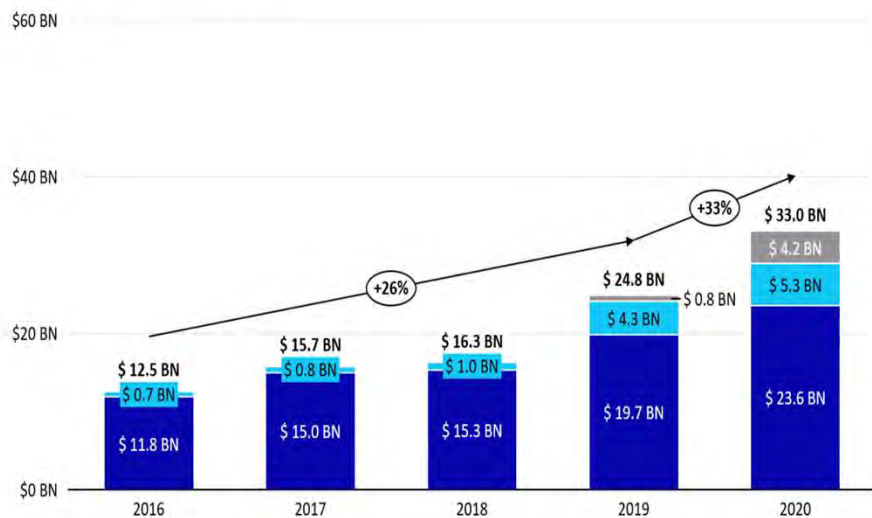
Daily Briefing

Moody's Investors Service in a report released last week downgraded the financial outlook for nonprofit hospitals from stable to negative, mostly due to the new coronavirus' projected financial strain on hospitals, Jeff Lagasse reports for *Healthcare Finance News*.

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AN UNPRECEDENTED BUBBLE IN THE TECH-HEALTH INDUSTRY

Investment in the US healthcare industry
2016–2020



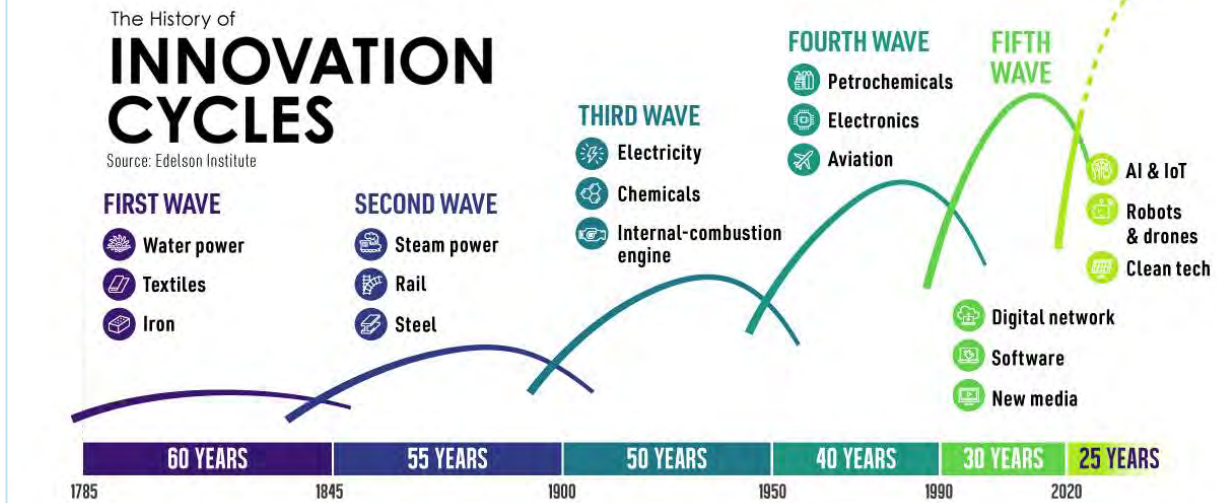
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From Disruption to Creative Construction: The Long Game



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The Economist
Dec. 2, 2020
NEW YORK

THE DAWN OF DIGITAL MEDICINE

The pandemic is ushering in the next trillion-dollar industry

Last January Stephen Klasko, chief executive of Jefferson Health, which runs hospitals in Philadelphia, chatted to a bank boss. The financier told him that 20 years ago health care and banking were the only industries yet to embrace the consumer and digital revolutions.

"Now", Mr Klasko recalls him adding, **"you are alone."**

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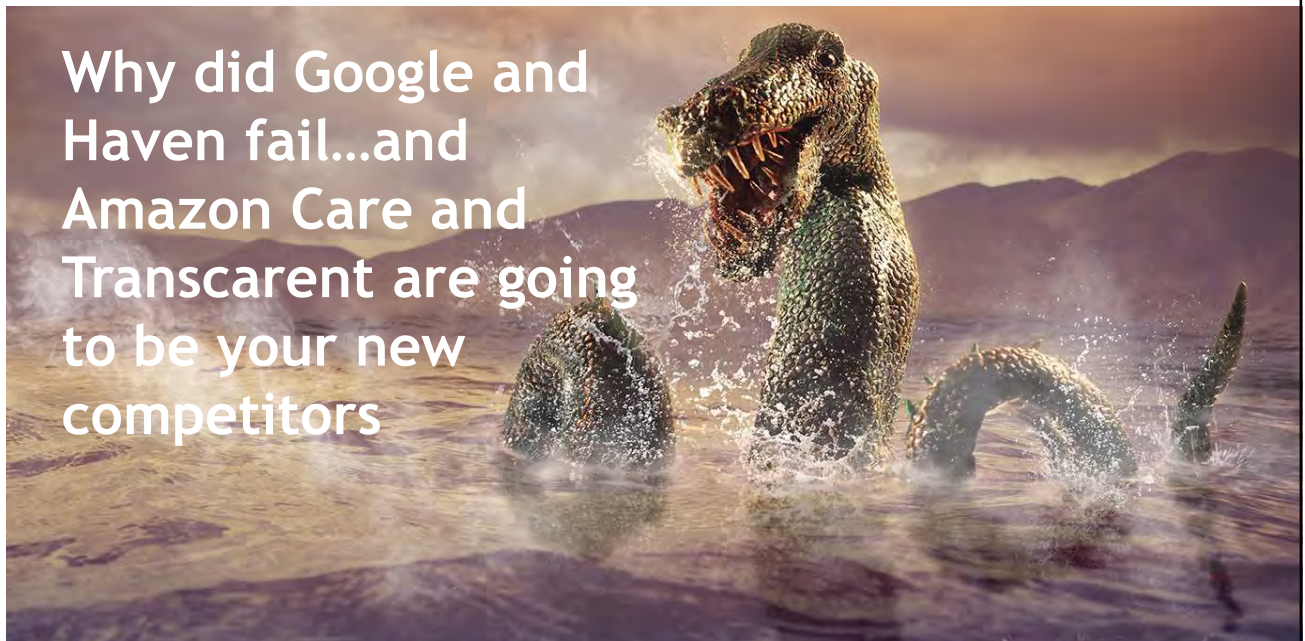
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“The problem in American healthcare isn’t that we aim too high and fail...it’s that we aim too low and exactly hit the mark.” – Sebastian Thrun



Why did Google and Haven fail...and Amazon Care and Transcarent are going to be your new competitors

QUICK QUIZ: How Many of the Right Column Initiatives Are You Planning?



FUNDING SOURCES

- Venture and PE funding of new/growing businesses
- Innovator reaching scale and public funding (IPO, SPAC)
- Scaling innovators acquiring peers
- Large (public) payers diversifying
- JV/partnerships



TYPES OF MOVES

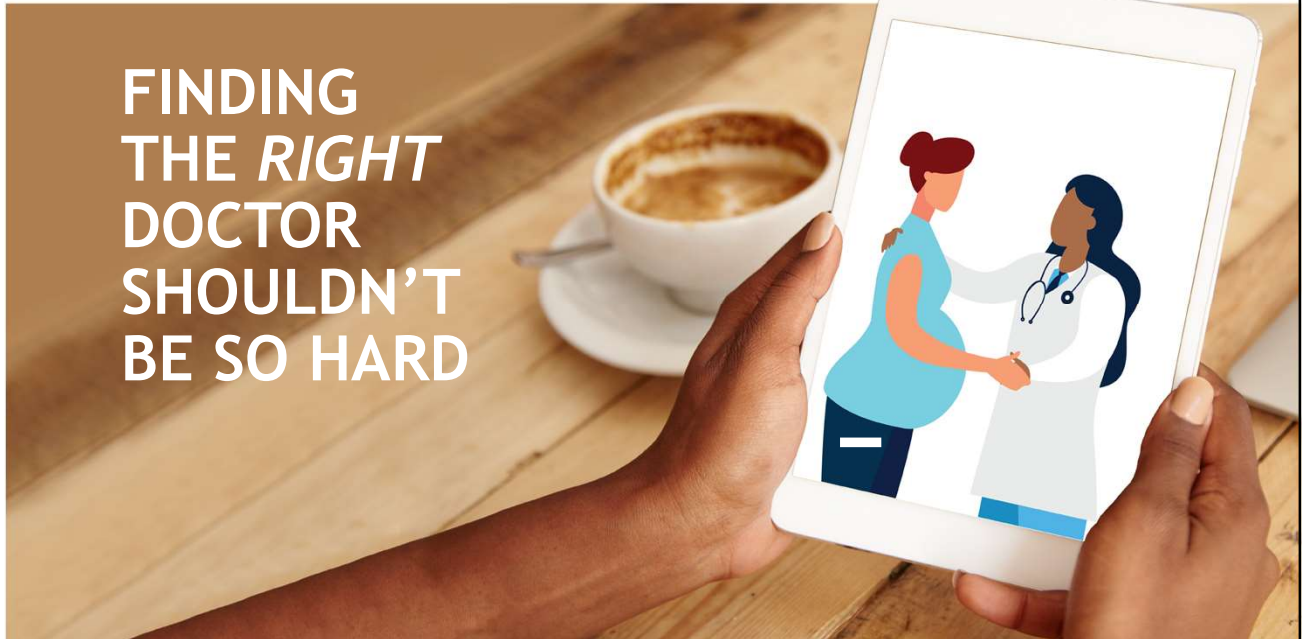
- Non-contiguous consolidations
- Acquisition of new capabilities
- Diversification of revenue sources
- Payers moving to control/shape care delivery
- Innovators broadening their solution portfolio
- Private capital rolling up fragmented players



TYPES OF INNOVATION

- Virtual care
- Home care
- Next-gen primary care
- Retail clinics
- Intensive models for high-cost populations
- Non-hospital delivery sites
- Risk/value enablement
- Integrated insurance “products”

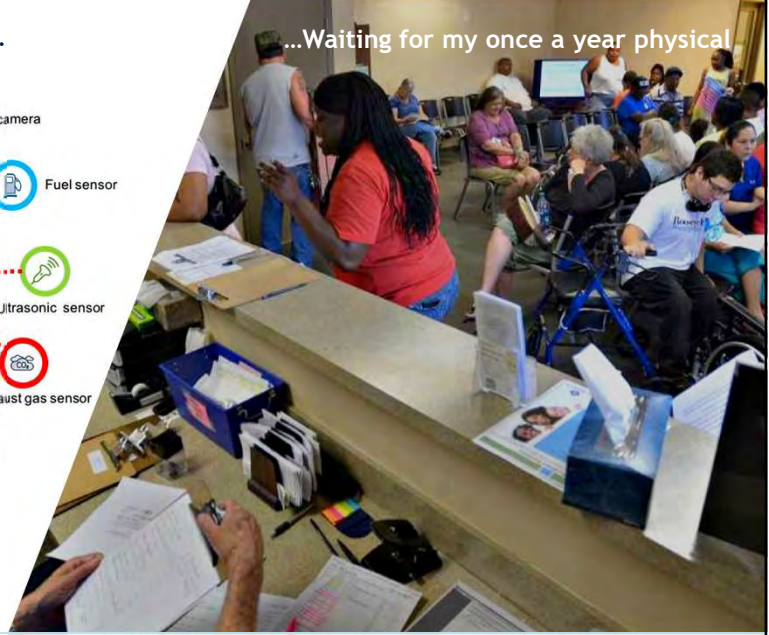
FINDING
THE *RIGHT*
DOCTOR
SHOULDN'T
BE SO HARD



My car sends continuous data...



...Waiting for my once a year physical



THE AMAZON MOMENT IN HEALTH CARE 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

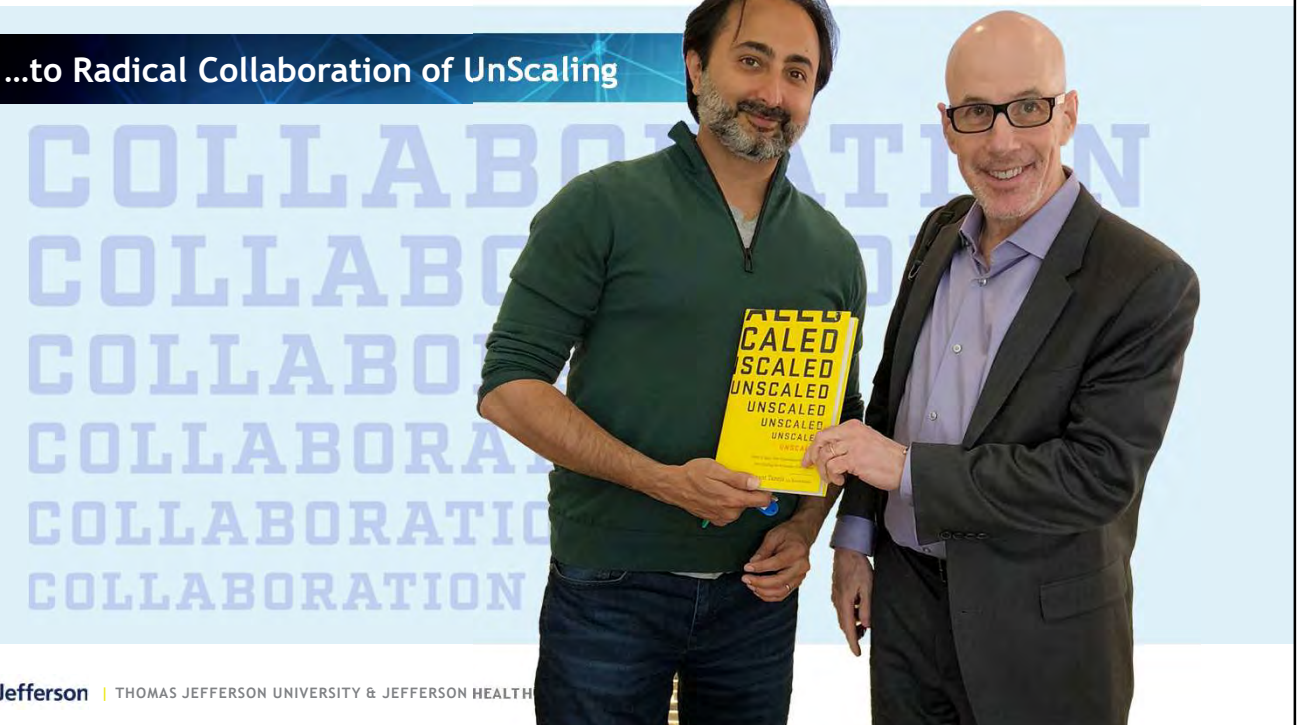
From Hard Sell at HIMMS...



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...to Radical Collaboration of UnScaling



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...to Portfolio Diversification with General Catalyst through UnHealthcare



UN-HEALTHCARE

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



FROM SICK CARE TO HEALTH ASSURANCE: When patients are people

- C**reate a strong sustainable partnership between technologists and providers to remake medicine’s role in society
- A**pply data and technologic advances to deliver the best preventative, supportive and least intensive care possible
- R**e-center the healthcare experience to focus on the relationship between the needs of individual people and their care providers
- E**volve the payor-patient-provider system to one where incentives are aligned across all constituencies
- S**egment your consumers so that the 98% that are people (not patients) view Jefferson as key to thriving without health getting in the way



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

WHAT IF A SERIAL ENTREPRENEUR AND CEO OF A 14-HOSPITAL HEALTH SYSTEM HAD A BABY

When vendors become strategic partners...



+

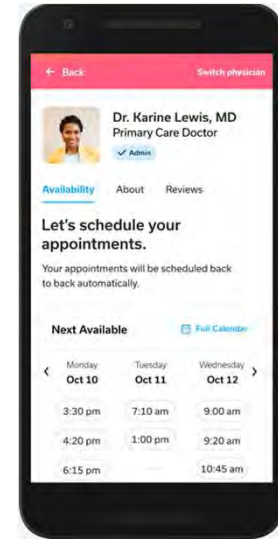




Tendo is Jefferson's Patient Engagement Platform

It is the primary avenue for patients to seek, access, and engage in care throughout the patient journey

* Functional Highlights: With Tendo, patients can...	
Seek Care	<ul style="list-style-type: none"> Symptom Checker Provider Search & Messaging
Schedule Care	<ul style="list-style-type: none"> Appointments Payments
Navigate Care	<ul style="list-style-type: none"> Forms & Documents Virtual Check-in/Waiting Room Wayfinding
Follow-Up and Manage Care	<ul style="list-style-type: none"> Care Plan Tasks & Activities Referrals Proactive Care Reminders Patient Education
Additional Capabilities	<ul style="list-style-type: none"> Caregiver Application Clinician Application/Reporting



* Tendo products are still under development. Functional capabilities are forward facing targets.

Tendo Confidential - Do not distribute

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Jefferson is Tendo's First Foundational Customer

Jefferson has created outward vision for improving lives supported by a four pillar model. As an early visionary, Jefferson is driving to a patient centric model and is an early pioneer with a "healthcare at any address" model.

Jefferson and Tendo's unique and strategic partnership will drive digital transformation at Jefferson and across healthcare. Jefferson:

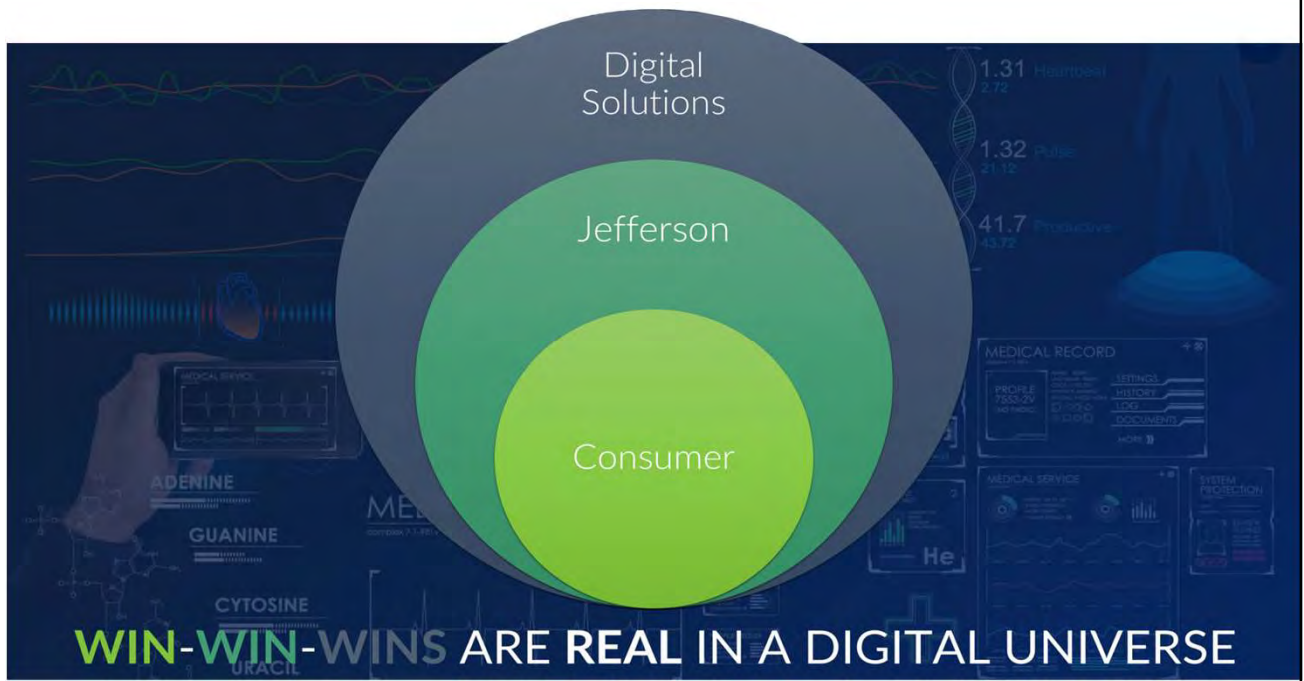
- Helped to shape Tendo's company vision and mission
- Identified Tendo's first product focus area
- Multi-year commitment as a customer
- Jefferson is a partner in Tendo's Series A funding (\$50 million valuation in Nov 2019, Series B at \$550 million)
- First health system to deploy Tendo
- "Invasion of the Body Snatchers"-Tendo CEO sits on my cabinet as an EVP



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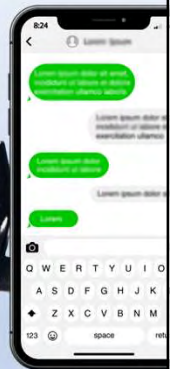
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When Online Meets Offline...



What about
the Human in the
Middle?



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BC: Before
COVID

DC: During
COVID

- The KAC World: “Kinda After COVID”

- *The Future of Work*
- *The Consumer*
- *The New Physician*
- *Redefining Leadership*
- *JOLTING the medical staff*



The Turnover Tsunami | Trends Impacting the Healthcare Workforce

- **Changing Payment Models and Value Based Care** – will require redesigning care delivery models, reconfiguring workflows, hiring new types of providers, redesigning roles, and upskilling existing staff,
- **Care and Workforce** is shifting from acute to ambulatory and community settings



Increased Focus on Health Equity

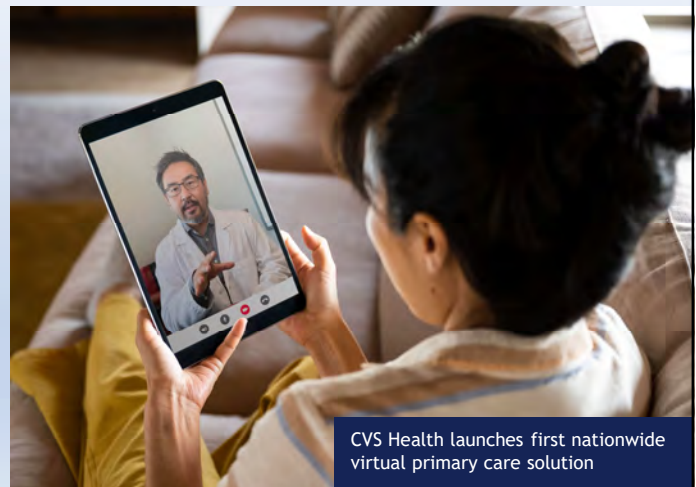
Will Require a Workforce for Health

- Patient navigators
- Community health workers
- Home health workers
- Integrated behavioral health
- Handyman or woman!



Increased Competition from Corporate Players Especially in Primary Care

- Health systems facing increased competition from corporate players who are redesigning workforce, using technology and making house calls to meet patient needs **(they get it...it's about the patient!)**
- Instead of retrofitting care delivery models and existing workforce, they are asking:
 - What are where are patients' unmet needs for services?
 - How can health workforce be better deployed as a team to meet those needs?



CVS Health launches first nationwide virtual primary care solution

Growing Unmet Demand for Behavioral Health

- 4x increase in adults reporting symptoms of depression or anxiety since the pandemic
- ED visits for overdoses and suicide attempts are up 36% and 26%
- Its not only patients who are struggling! Provider burnout is rampant

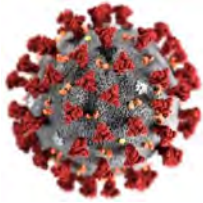


The Great Resignation | Burnout and Shift to Employee-Drive Market

- 18% of healthcare workers in the US have quit their job since the beginning of the pandemic
- 33% of physicians, nurses and APPs intend to reduce their hours
- Workforce shortages are going to get worse
- Growth in temporary staffing are here to stay



The Human Capital System



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Thomas, Smith, & Diez (2013). Human Capital and Global Business Strategy, Cambridge University Press.

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Structure | WFH and Flexibility

Remote / Flex / Hybrid

- Employers expect 2 of every 5 workers may work remote
- 16% of employers hiring only remote workers
- 51% of all knowledge workers will be hybrid (up from 27%)
- 59% of employees are expecting more flexible hours/WFH options



Image: Forbes

Sources: Willis Towers Watson Survey, Aug 2021; Gartner Survey Forecast, June 2021; Randstad Asia, 2021 Employer Brand Research

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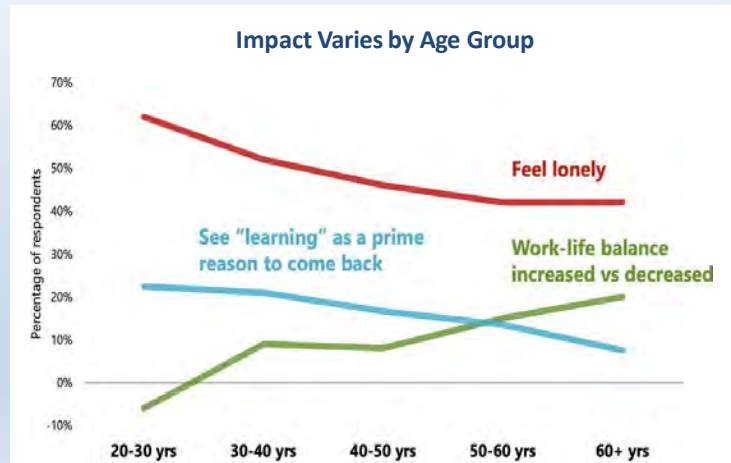
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Culture | Disruption of Social Cohesion

Covid-19 Impact: Rising Concern for Employee Well-Being

- Loss of casual social interactions
- Increased isolation
- Lack of connection with colleagues
- Additional work effort
- Sense of “Burnout”



Source: Gensler Work from Home Survey, 2020

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Leadership | Need for Inclusive Approach

Humanitarian Leaders

- 60% of Employers make behavioral health a priority
- Create flexibility in roles and responsibilities
- Recognize personal lives of employees
- Provide more learning and development opportunities



Image: Catalyst

Sources: Forbes: Building a Humanized Workplace, Aug 2020
Deloitte Human Capital Trends Survey 2021

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Talent | New Value Proposition?

What Employees are Seeking:

- Flexible Work Arrangements
— where, when, what, how
- Develop New Digital Skills
— hot tech and future skills
- A Shared Sense of Purpose
— societal issues and impact
- Meaningful Contributions
— company and community
- Personal Growth
— custom development and coaching



Source: "Human-Centric EVP" by Swetha Venkataramani, Gartner, May 13, 2021

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Priorities for Employers

Top Priorities to Prepare for the Future of Work:

1. Address Employee Well-Being
— take holistic approach
2. Develop Flex/Hybrid Models
— design with function and equity
3. Foster Inclusive Leadership
— develop manager capabilities
4. Rethink Employee Value Proposition
— customize experiences



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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.

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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

Effective Billboard Has Driver Suddenly Craving Visit To The Hospital

The Onion | June 2, 2021





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

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THE NEW YORKER



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

THE RISK OF TECHNOLOGY VS. TOUCH

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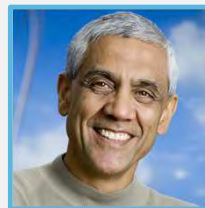
The Human In the Middle

"We Need an Extreme Makeover of Medical Education."



DR. ROWAN MOLNAR

"Technology will replace 80% of what doctors do."



VINOD KHOSLA

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

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FOUR QUESTIONS WE ASKED OUR ACADEMIC LEADERSHIP

1

If technology and AI will replace 80% of what doctors do, how do we select and educate the doctors of the future?

2

If population health and patient experience will be (like everything else) digital, what partnerships do we need to educate our students and residents in this new world of data and AI?

3

If the skill sets related to population health are fundamentally different, how do we train the current faculty to be leaders in a culture they are not familiar with?

4

What vertical integrations might we see between AMCS and other entities that will potentiate this transformation that may not have been envisioned even a few years ago?



START FROM THE BEGINNING

Doctors in 2022 are still chosen based on 3 criteria:

- Science GPA
- MCATs
- Organic Chemistry Performance



...AND SOMEHOW WE'RE AMAZED

Doctors in 2022 aren't more:

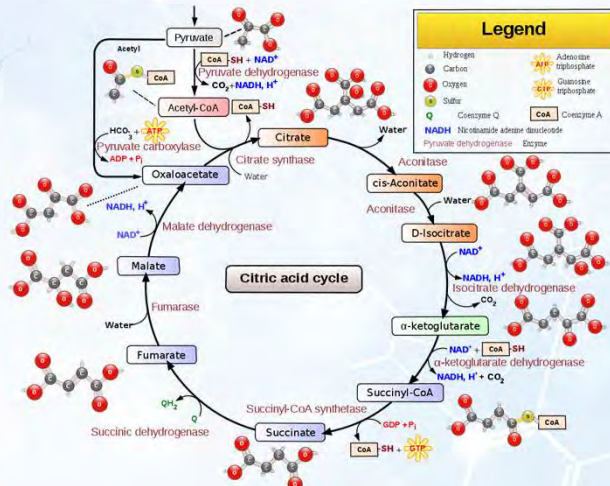
- Empathetic
- Communicative
- Creative

THE DIFFERENCE BETWEEN WISE AND SMART

“Humans can't outrun cars.” -Jack Ma



ORGANIC CHEMISTRY



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WHAT'S GOING ON IN THIS PICTURE?

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

The Philadelphia Inquirer
 Sep. 24, 2019
 PHILADELPHIA
 by Sarah Gantz

The study by Jefferson researchers found that a long-standing emphasis on test scores is part of the problem, adding to the body of research that questions whether standardized tests that measure knowledge but not emotional intelligence are an effective way to evaluate whether someone will make a good doctor.

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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

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JOLT: CHANGING CULTURE

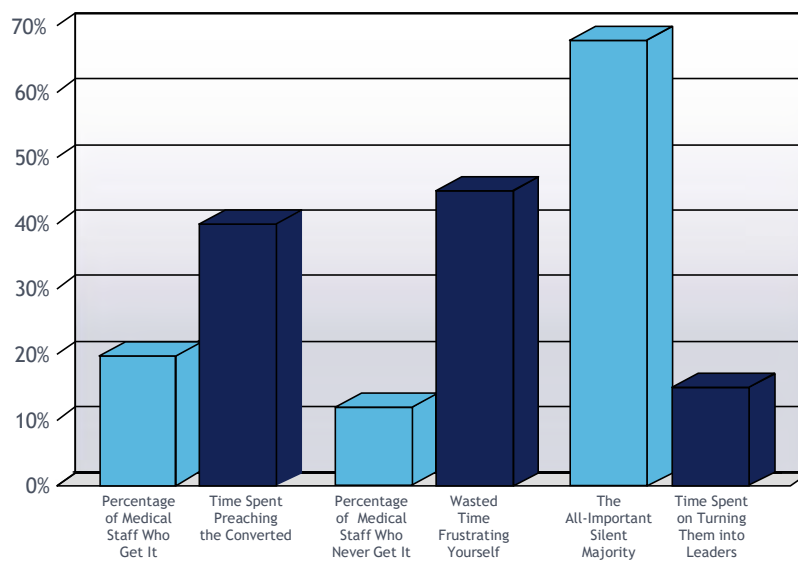
40 senior leaders yearly

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

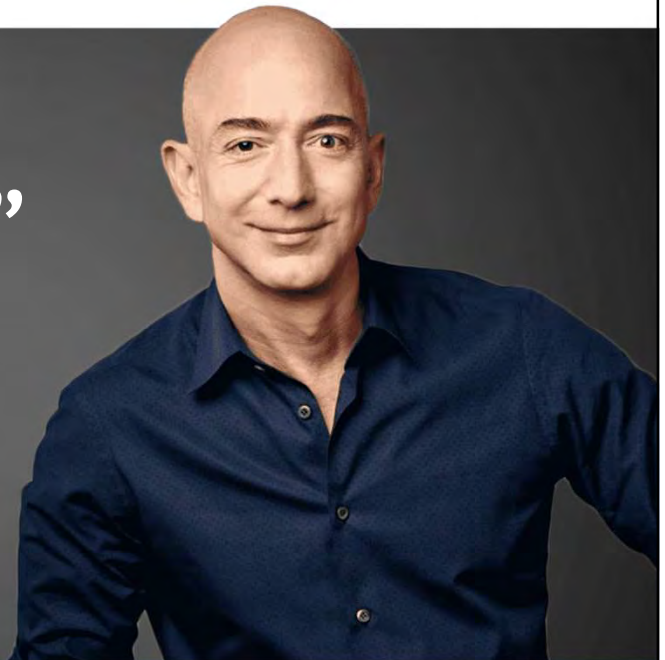
- 133% commitment to and engagement in ensuring TJU's success
- 200% work in teams
- 167% effectively communicate and influence
- 250% loyalty to organization
- 80% willingness to serve in a leadership capacity

Leadership : Things I Knew and Things I Learned

- Learn from other industries
- Practice "radical collaboration"
- Over-communicate
- Jefferson's four-pillar strategy and "healthcare at any address" vision is ripe for the post pandemic academic and healthcare future
- Align leadership with the frontline
- Disagree and commit

“Disagree and commit”

Amazon Leadership Principle



WHAT I LEARNED THAT SUSTAINED ME AS A LEADER IN THE LAST FEW YEARS

- Spend most of your time concentrating on what other industries have done in a time of crisis
- Overcommunicate, be vulnerable—show passion, creativity and flexibility along with strategy focus and discipline
- The “new cabinet”---chief public health officer, chief experience officer, chief consumer officer, CMSMIO
- Thank you Professor Useem, “You should always have 5 people under you that think they can do a better job than you and 3 that are right”



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Changing the Future

RADICAL

COMMUNICATION

RADICAL

COLLABORATION

RADICAL

CONCENTRATION

ON HEALTH DISPARITIES

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CoronaQuiz

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

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

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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.”

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Robots & Humans
Working together to provide better health.

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CENTER FOR RESPONSIBLE INNOVATION

- We need large scale transformations in healthcare to both survive as a business and to have a positive societal outcome
- Healthcare and academic success will require disruption in our way of thinking, creative partnerships to create new ecosystems
- 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

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RESPONSIBLE
INNOVATION
**Industrial
Revolution**



RESPONSIBLE
INNOVATION
**Social Media
Revolution**





AI **THE GOOD, THE BAD AND THE UGLY**

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Woman following sat-nav drives car straight into lake. – *The Telegraph*

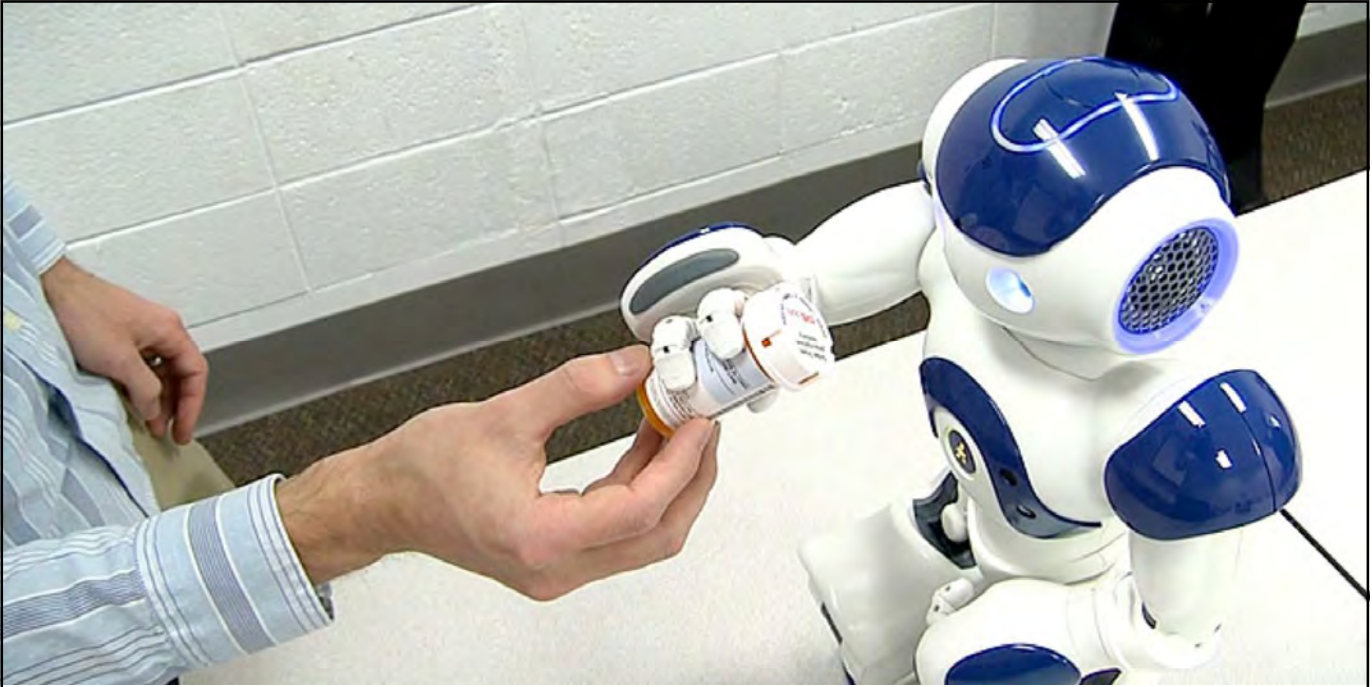
Millions of black people affected by racial bias in health-care algorithms. – *Nature*

NHS gives Amazon free use of health data under Alexa advice deal. – *The Guardian*

RESPONSIBLE INNOVATION
AI Revolution

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"Does your car have any idea why my car pulled it over?"

2030

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





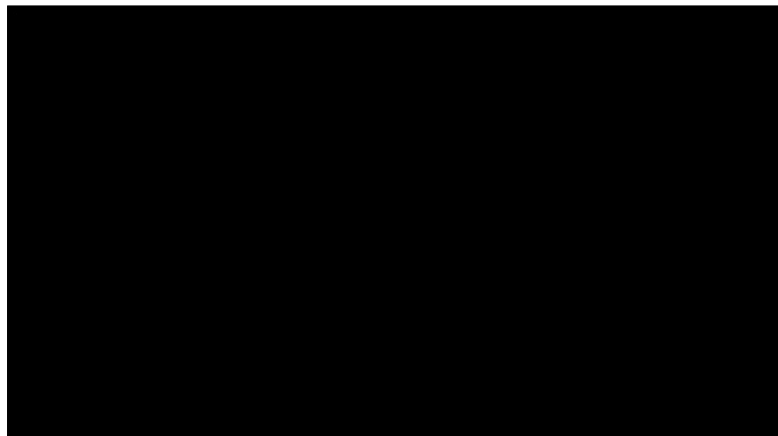
What People Fear Most Survey

A New Educational Paradigm

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



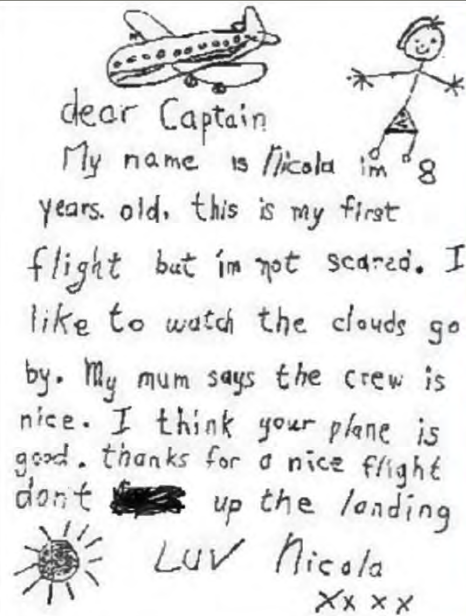
A FINAL MANDATE FOR AI: WE HAVE TO START LEARNING FROM OUR MISTAKES





Simulate!

Actual drawing handed to a flight attendant on a Qantas flight by an 8 year-old girl



IS YOUR SURGEON QUALIFIED?

Can they prove it?



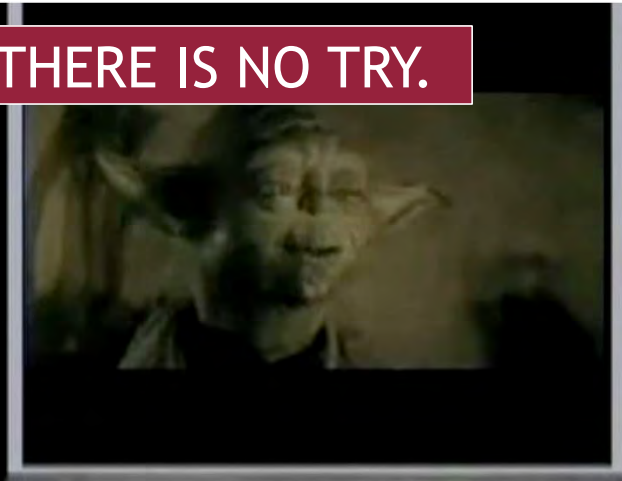
We're gonna turn
this team around
360 Degrees.

JASON KIDD
after his team went 34-52 in 1995



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DO or DO NOT...THERE IS NO TRY.



Time Monitor

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**The Governance Institute's March System Forum – The Cloister at Sea Island
Sea Island, Georgia
March 6–8, 2022**

**MOST IMPORTANTLY,
WE HAVE TO...**



**START
NOW**

