FOR THE HEALTH OF IT

For the Health of It – Live From HIMSS

SPEAKERS
Jay Compton, Bill Evans

Jay Compton
Through the ability of being able to pull all of my records, pull all of my—you know, whether they be claims, point of care, clinical, prescriptions, etc—I can bring all of that together and then elect to allow the provided to a system that can create programs that are specific and designed for me and my set of parameters or conditions, if you will.

Bill Evans
Welcome to a live For the Health of It, a series where we talk to luminaries, thought leaders, and movers and shakers about some of the biggest challenges in healthcare. I'm your host, Bill Evans. I'm joined today by Jay Compton, chief technology and product officer from Deloitte Healthcare and ConvergeHEALTH. Welcome, Jay.

Jay Compton
Thank you. Thank you for having me.

Bill Evans
So, key priority for Komodo and for Deloitte is like closing gaps in health equity. From your vantage point, at the show here, from what you're seeing, what are some of the biggest opportunities and trends in closing the gaps in care?

Jay Compton
Sure. So there are two different facets to the answer that question. So one is redesigning the way healthcare is experienced by a consumer. And a consumer could be you or I, who have insurance through a particular plan, or provider, who's also a consumer of both the healthcare system as well as a provider of healthcare for others. There is a lot being done around health equality, which is, you know, about making sure that everybody has access to the same opportunities to be healthy. However, health equity really refers to the ability for a person to live as healthy as possible with their particular set of needs, based on their health conditions—good, bad or otherwise. So, you know, here, there are two, like I said, two major facets, one being the digital experience we provide. Today, it's not a very human experience for an end user. It's confusing. It's oftentimes not connected to other parts of how they live their lives, where they live their lives. It makes assumptions based on, you know, age and aged viewpoints from plans and providers. And then the data that powers that experience is oftentimes fragmented or siloed, and that makes the experience a lot harder to render across the continuum for a particular person, so. Those are two big themes I've noticed that are very prominent. I mean, you'll hear them referred to sometimes as "digital front door." You'll hear "analytics." You'll hear "machine learning." Those are all things that power the ability to increase the health equity for folks of different genders, different races, different locales, neighborhoods, different economic wherewithal. And, you know, it's really about how you use digital experiences to break down the obstacles that prevent those that cannot have access to better outcomes, to be able to obtain it.

Bill Evans
So talk a little bit about that, because you mentioned the humanization of healthcare, and yet technology is probably the greatest frontier to closing those gaps, so. How can those two things be reconciled in a way that both improves the technological sophistication and outcomes of closing the gaps in care, with also creating a more fundamental human experience?

Jay Compton
Right, so. And this goes back to some of the work that we're doing at Converge and along with Komodo, is really looking at, you know, I mean, one, what's the right experience? What do people need to interact with healthcare more effectively? And, like I said, it needs to be less confusing. And to that end, you know, it means we don't send a person out to try and figure out healthcare with a toolbox of apps or a toolbox of anything, because it's hard enough to navigate as it is today. Right? So a consolidated experience that helps you bring it together in a way that informs the user. And then the data that powers that experience is also equally as important, and now available in many cases. Right? So, you know, you have the ability to bring claim and clinical data together, so you've got retrospective and point-of-care data. You can use socioeconomic patterns to predict what's going on in neighborhoods, and within a particular group or population or cohort, as they're called healthcare, you know, across the spectrum, and create predictability. So case in point—some of the work that we did was to use a socioeconomic data set to predict risk for the populations during the pandemic. So looking at neighborhoods, looking at people's age, looking at what their shopping patterns are (where they go, when they go), to really use that data to empower an experience that not only educates them, but allows the system to react, based on the output of that data, in a meaningful way and create better outcomes.

Bill Evans
So telehealth has been obviously a topic of conversation in light of the pandemic. What are other sort of like patient-facing technologies that are pushed to the edge of the patient interaction that you think are also going to drive a meaningful change with the population health dynamics you just described?

Jay Compton
Sure, so. That data is going to only increase exponentially as we go through the next several years, even 10 years, as we start to look at more connected devices within provider facilities, and as provider facilities fundamentally change as well, so that I'm able to have the same level of care, via mechanisms like telehealth at this point, in my home, in my travels, when I'm on the road, sitting with somebody like yourself out in Las Vegas, and really being able to create that experience where I'm at, when I need care and producing the outcome that I need, whether it's an acute condition, a chronic condition, something else. The data to power that experience will come from a whole new set of devices. So robotics, for example, remote-assisted surgeries, looking at the data that comes out of the devices in hospitals, how we create command centers, you know, or air traffic control, if you will, for patients, providers, devices in the hospitals—is really super interesting because it can increase the efficacy of how the patients are managed, what the providers are doing and when they need to be doing it, and then just simply the devices themselves, which crank out an enormous volume of data that is super useful in terms of providing that back to a source of record, like an EMR, for example, or allowing for pre-authorizations to happen ahead of time, such that, you know, the end user is not impacted on the back end by a process that the insurance company then has to run to validate the authorization for a particular procedure.

Bill Evans
So the massive volume of data being generated—right? I think it's fairly well understood how that benefits technology companies, population health analytics, like all the sort of analyses that you've talked about, but how do you think patients can actually benefit from that? There's an increasing trend of like the empowerment of the patient, having like ownership over your own data. What do you see is like the trend line there, where patients can actually now be empowered to benefit from the ecosystem that is also trying to drive better outcomes for them?

Jay Compton
Yeah, it's a really interesting question. So what I find really cool is we are hitting the confluence point at this juncture, where it is possible to manage your own persona in terms of your health data. Right? The ubiquity of the platforms that you interact with are now available to be used by yourself, on your own set of devices, in your home, again, in hospital, in a retail setting even. And, you know, through the ability of being able to pull all of my records, pull all of my—you know, whether they be claims, point of care, clinical, prescriptions, etc—I can bring all of that together and then elect to allow the provided to a system that can create programs that are specific and designed for me and my set of parameters or conditions, if you will, and again, whether that be acute, chronic, or even if I'm just a healthy person looking to increase my well-being. Or mental health is another really big area of opportunity that we've seen where collecting data around mental health has traditionally been very difficult, for example. But with the advent of having access to social networking and the API's that come along with it, for example, we can start to predict when somebody might not be feeling so well, something might be bothering them and start

to counteract conditions like depression up front, rather than on the backside. So that's one example that we've started to look at and I think, you know, that data coming in will empower the end user to take better control of their personal health. Now, the question of health equity comes back into it at that point because, what if you don't have access to a device? Or what if you don't have, you know, the ability for one? So breaking down those obstacles is still important from plants, from providers, from government agencies, and building that in to the core of how the system looks at how it manages healthcare. So efficacy is measured in outcomes, rather than in financial metrics. Now, financial metrics are always gonna be important. But the health of an individual is intended to come first, which is what the data will now allow us to really calculate and provide to those end users.

Bill Evans
So let's talk short term, long term. Right? Everything you described feels like a near-term result of a multitude of players in an ecosystem trying to drive better outcomes. I'll ask this in two parts. I'll save the second part to make it more digestible. In the short term, what do you think the biggest opportunity for bringing some of those systems between devices, interconnected data, better access to the internet to be able to connect some other things to get a better picture of health—what do you think is the one key opportunity in the next six, 12 months that can have the biggest impact on improving these things?

Jay Compton
The biggest impact is going to start with access, because without access, outcomes are not attainable for those that don't have access today. So looking at how we provide access to those that don't have it—whether that be via government-sponsored programs, whether that be via local clinics having walk-in opportunities and educational opportunities that are either subsidized or part of their programming for those patients—is I think the biggest, is the number one opportunity for the end users that are looking to seek out care.

Bill Evans
So then long term, like looking five, 10 years out, what do you think the optimal state, based on where we're going, looks like for the health ecosystem?

Jay Compton
Five to 10 years out, you start to look at outcomes, so, assuming that we've provided access in a concrete way that spans my particular continuum, so. You know, I may have one insurance company today. I may have another one tomorrow if I change jobs. Right? Today, those systems are not linked, unless I'm pulling everything in myself and managing it myself, which is a fairly high expectation for anybody, even those of us that do this every day. So looking at how that happens more naturally is part of it, to increase the effectiveness of the outcomes that come through the overall system. Measuring those outcomes is the second part of that, so making sure that we are measuring value, you know, based on a certain degree of metrics. So lowering readmit risk, increasing the effectiveness for a patient, making sure that patients are, you know, simple things like taking their meds or going to their wellness screenings every year, are all things that can be managed, whether you are in a brick and mortar hospital or sitting on your couch. And so making that happen over the next five to 10 years, I think is where we really start to push the envelope once we can provide that access to everybody. Again, health equity is about, you know, a simple basic human right should be, you are provided care if, when and where you need it, not because of certain series of demographics that you happen to live within or not live within.

Bill Evans
So last question. With the rise of all the data being produced and the consumerization of healthcare and the integration of technology into the patient experience, there's always this rise in concern or angst about the privacy aspects of having that much of your personal information exposed. But the flip side is that the integration of that data creates, as you've said a couple of times, much better opportunities for better outcomes, studying populations at a holistic level. What would you say to like the average patient about why they should take comfort in the rise in more data being created, more data being integrated into larger systems? How would you balance the benefit of having personal information being integrated into a larger system, with the concerns of privacy exposures that may come as a result of that?

Jay Compton
Sure. So the way I would answer that is, the technology today allows us to not only empower an end user in the method you're describing, but it also allows us to secure their data in such a way so that if I am seeking to, say get a prior authorization

for a specialty visit from my insurance carrier, I can hop on to an app potentially. And I built this, by the way, so this is I know how it works.

Bill Evans
I tried to set you up for a softball question.

Jay Compton
Tee it up for me. Basically, the API layer that powers the experience controls the security of my data, my personal data. So when I log in, I'm associated with a set of credentials that then establishes I'm allowed to make the API call I'm requesting and access the data that I am requesting. So I'm not going to trip into somebody else's, you know, your health records, for example, by accident, or, you know, or someone else's, and so. Security is usually thought of upfront. How effectively that's done, I think can be matured better and further than it is today, so that it is actually a design principle rather than an implied afterthought. Right? So standards is the other part of that that can be, I think, increased in terms of making people aware, who are actually working with the technology, what standards are applicable and when they're applicable and how to infer them. HIPAA is a great example. You can have 10 people in a room and get 10 different inferences of what some of the regulatory requirements are around how you're handling data. But at the end of the day, security is implicit in how HIPAA expects you to deal with personal health information. And, you know, that's got to be thought of upfront. And that's everybody, from the developers building the app, to the product managers who are managing it, or the data lake or, you know, where the data resides, because that's still a product-oriented function. And it runs from the top of the stack all the way down to the bottom.

Bill Evans
Well, Jay, I want to thank you for being here. We've all lived in the Zoom world for the past far too many months. It's so much better to do this live. Jay Compton, everybody. Jay Compton, everybody. This has been For the Health of It. For more information about Komodo, you can follow us on LinkedIn and Twitter for news and updates. See you next time.