

What's Your Moonshot?

A Podcast Series Where World-Class Healthcare Leaders Seek To Solve Big Problems

Geisinger Utilizes Value-Based Analytics to Help Improve Outcomes for Patients and Clinicians TRANSCRIPT

[00:00:00] David K. Vawdrey: So many of us I feel like we're drowning in data. We have way more data than we can possibly manage, and we're lacking as the poet TS Elliot said, "Now, where's the wisdom that is lost in information?" I appropriate that and say, where's the information we've lost in data, and where's the wisdom we have lost in information? I think it's quite applicable in those terms. It's really about figuring out what the right information to collect is, and how to use it to, again, achieve your organizational goals.

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[00:00:31] Narrator: Welcome to A&M Healthcare Industry Group's *What's Your Moonshot* podcast series, where world-class healthcare leaders seek to solve big problems. Listen as we talk to today's health system CEOs about the journey to achieve their moonshots.

[00:00:49] Chris George: Welcome to A&M's *What's Your Moonshot* podcast series. I'm Chris George, the managing director in Alvarez & Marsal Healthcare Industry Group, and I lead our hospital and health systems practice. I'm happy to be here today with my co-host for this episode, Marthe Haverkamp, the senior director in our Healthcare Industry Group. Today, we're excited to have David Vawdrey, chief data informatics officer at Geisinger on the podcast.

Dr. Vawdrey is responsible for implementing transformational technologies and leveraging Geisinger's advanced data and informatics infrastructure across 10 hospital campuses, 550,000-member health plan in the Geisinger Commonwealth School of Medicine. Prior to joining Geisinger, Dr. Vawdrey was the foundering director of NewYork-Presbyterian Hospital's Value Institute, and associate professor at Columbia University Department of Biomedical Informatics.

He's an elected fellow of the American College of Medical Informatics, and his research in areas such as clinical decision support, quality, and safety, and patient engagement have resulted in more than 100 peer-reviewed publications. We're excited to have you here today on the podcast.

[00:01:56] David: Thank you, Chris and Marthe. It's a pleasure to be here.

[00:01:59] Marthe Haverkamp: Hi, David. It's really good to see you in the setting of this podcast. Thank you for making time for this today.

[00:02:04] Chris: Let's get started by asking you about your moonshot, value-based analytics. What is it? How does it advance value-based care? How is Geisinger optimally positioned to spearhead this form of data use?

[00:02:16] David: Let me start by describing how I see much of the work being done today in health analytics generally. Analytics teams, whether intentionally or unintentionally, tend to emphasize quantity rather than quality. Often there will be an intake process that will exist in an organization. For instance, someone will request a dashboard or a report to be built. A lot



of times, there's more than one intake process. That process itself is siloed, and there are multiple mechanisms by which people make such requests.

In the worst case, the extreme case is, as everybody is probably aware, someone picks up the phone and calls their friend in the IT department, and essentially asks for a favor. I love that concept. I love having those close working relationships, but it certainly doesn't scale, and it's not the hallmark of a highly reliability organization, or a highly reliable analytics shop, so that's number one.

Number two is you've got this supply and demand problem. My team feels it every day. I'm sure every analytics department, no matter the industry, there's always more work to be done than there are talented people to do that work. What tends to happen, because there aren't enough resources, it's a situation where the requests are just trying to be worked through as quickly and efficiently as possible. Symbolically, the request is thrown back and forth over a wall.

Sometimes, communication doesn't happen as well as I think that it could. The result is people get usually not what they need. Sometimes, they don't ask for what they need, that's a related problem, but more often than not, the result is someone makes a requests, they don't get exactly what they want, they throw that back and forth over the wall a bunch of times, and it's frustrating for both the analysts that are trying to fulfill those types of requests and certainly for the requesters themselves.

What you end up with in the best case is someone in a chief analytics officer-type of role tracking measures like the number of requests at their desks, or the turnaround time, how long it takes to fulfill these types of things. Those are great process measures. It's important to measure, but it doesn't say anything about the ultimate value of are we meeting the needs of an organization, are we helping to fulfill our strategic priorities?

What we call value-based analytics, it's really comparable to value-based care. The idea is to to flip the alignment or the incentive around a little bit, and ask if we're actually fulfilling the organizational needs, and providing that type of value. If you think about fee-for-service medicine where doing more work translates to often doing better financially. I was at dinner last night actually with colleague, Mark Fendrick from the University of Michigan.

He gave the best analogy I've heard about fee-for-service versus value-based care. He said, "In fee-for-service, think of the game of golf. The more strokes, the more hits, the more I get paid." He said, "I'd be the Tiger Woods of golf if it worked in a fee-for-service model." I love that because I feel like sometimes our analytics are the same way. We track how many of these things we can get done, and not whether we're putting the the ball in the hole, so to speak.

I guess that's the nutshell. Value-based analytics can help us achieve our goals with valuebased care by focusing on the value that the reports, the dashboards, the analyses ultimately provide to the organization.

[00:05:53] Marthe: Right, yes. In fact, molding your data set such that it can actually be used to drive insights is not only imperative for value-based care. It's important for organizations with all kind of contract, and even for organizations outside of healthcare. I'm curious, how did you use insights from other fields to come to your moonshot? How do you see the use of this value-based analytics in other fields after?

[00:06:18] David: Yes, it's a great point, Marthe. It doesn't apply specifically to healthcare. In fact, one of the lessons I learned some years ago, I was taking a course on lean, on process redesign. The instructor was somebody that had done a good deal of work in the



auto industry. I remember him asking the question because I'd studied a little bit about the the Toyota production system, and the beginnings of what's called lean.

He asked the question. He said, "I've consulted for Ford, GM, Toyota, and others." He said, "Which one of the major auto manufacturers do you think collects the most data?" Thinking I knew the answer, I said, "Certainly, it will be Toyota. They've got this remarkable heritage of using data, being a data-driven organization." He said, "Wrong. That's flat-out wrong." He said, "Toyota actually probably collects 1/10th," in his experience, at least he said, "1/10th the data that some of their peer organizations collect."

I thought, "Wait a minute, how can that be?" He said, "They figured out which data are important to collect, and how they can make them useful." So many of us I feel like we're drowning in data. We have way more data than we can possibly manage, and we're lacking as the poet TS Elliot said, "Where's the wisdom that is lost in information." I appropriate that and say, "Where is the information we've lost in data, and where's the wisdom we have lost in information?"

I think it's quite applicable in those terms. It's really about figuring out what the right information to collect is, and how to use it to, again, achieve your organizational goals. I think that applies inside of healthcare and anywhere else for that matter.

[00:08:01] Marthe: Right. How are you doing that exactly? If you say we're making choices, not all data, some data, only the data that are useful, what are you [crosstalk]--

[00:08:09] David: Oh, it's a great question. My personal suspicion on that is I don't think Toyota knew magically the 10% of the information out of that universe that needed to be collected. I think it probably is a fair amount of trial and error, but there's got to be a willingness there to turn things off. I can use our example here at Geisinger. We've been doing this for a long time. We literally have thousands of reports, dashboards, queries, analyses that have been done.

They're maintenance tail associated, of course, with all those things. As we've been really focused over the last few years on simplifying and standardizing our work, we've had to make hard decisions, and sometimes often easy decisions candidly, about this isn't adding value. Why are we continuing to produce this report, for instance? We turn those things off in collaboration, obviously, with our stakeholders, but then there are cases where it's not just getting rid of the waste in the lean sense.

It's actually identifying things that are valuable, but not high value, and turning those off as well, or redirecting your resources, redirecting your focus, redirecting your attention to the things that are most important, not the things that are, say, moderately important.

[00:09:25] Marthe: Yes. Makes me think a bit about when you have the internet of things. I remember, it was a startup that was pitching how even at home, when someone with dementia, an old person would lift the teapots, there would be data on how heavy, how much muscles he used. I thought that which doctor is going to look at 24 hours every 15 minutes of blood pressure, so he has to be--

[00:09:50] David: Yes, it's an enormous problem.

[00:09:53] Marthe: This is all about data selection, but if you want to use data, you also have to make sure that these data are good, better, the quality of the data. Garbage in, garbage out. You told us previously how Geisinger is really unique in creating a uniform data universe where there's little siloization between the different departments. It's not that the



surgery departments has its own IT guys and internal medicine does something else. I'm curious, how did you get to that point? Was that deliberate or was it serendipity?

[00:10:26] David: Great question, and I don't know if we're unique but we are blessed in that sense to be pretty far down that journey. We're fairly mature in terms of standardizing, again, centralizing things. I do think we have, at Geisinger, one of the more comprehensive and robust data infrastructures, at least among other healthcare organizations with which I'm familiar.

At Geisinger, dating back decades, literally, data have always been considered to be a strategic asset that we can use to advance our mission as a learning health system, which means we want to learn from every encounter so that the next time a patient comes through our doors, we can make their care better, safer, more efficient, more affordable, more satisfying for them, the patient, more satisfying for the clinicians and others involved, and more equitable as well.

That's the premise behind, I think, and that's probably not different from anyone else in the country, but we're fortunate at Geisinger to have not only a clinical enterprise with a pretty robust set of clinical data that we collect but also a health plan as you mentioned, Chris, at the outset, that covers more than half a million lives across different lines of business, Medicare, Medicaid, commercial lines. We've got one of the country's premire precision medicine programs, which we call MyCode.

With the MyCode program, we've enrolled over 340,000 people in our communities who have provided, many of them, their blood or saliva. From those samples, we've generated over 180,000 full exome sequences to be used for research and fed back into the clinical setting to help us take better care of those individuals, so from the genomic and genetic side of things, the health plan side of things, the clinical enterprise side of things. Additionally, we've been leaders in measuring and monitoring patient-reported outcomes, in collecting social determinants of health, and using those types of data to improve the care that we provide as well.

To your point about serendipity, some of it has been we've been on the right horses to speak. In the early or mid-'90s, we picked Epic as our electronic health record vendor. There wasn't much of an Epic back in those days as most people know, but here we are almost three decades later. We're very fortunate that we've got that much information in one electronic health record system. Now, all of that, to your question, Marthe, I don't think solves the problem of garbage in, garbage out, but it certainly does help us to simplify, to standardize, to optimize, and derive value from the data that we collect.

Among other things, it also helps us to track disparities in care. It helps us to improve health equity across our communities and also to promote the trust and transparency that I think are really critical with our patients or members of our health plan about what we're collecting, how we're using data, because I ultimately believe it's their data, not ours. I think that's important for us to understand as well.

[00:13:35] Chris: Oh, that's great. You had mentioned some innovative things that you're doing with precision medicine. Obviously, you've had your health plan for a while. Other organizations are going down that same path. I imagine as you venture into these new lines of business that it creates new structures which can create silos or more silos for an organization. How would you advise organizations that are siloed to break down some of those barriers?

[00:14:03] David: Breaking down silos is probably one of the most important things I think we all need to do. It's not that they don't exist at Geisinger. I think it's something we focus on



and we struggle with like many do. To be honest, Chris, I think that technology is the easy part. That may sound odd coming from somebody with a tech background, but it really is people. I think breaking down silos, working across teams, all of that. I heard someone once say that business moves at the speed of trust. I think that's particularly important here. I think that resonates very strongly with me. If people trust one another, if they know-- first of all, you have to know somebody to trust them.

In a big organization, sometimes that can be challenge in and of itself. Add to that, the virtual work world now that many of us live in. I think it's more important than ever to build those relationships. There are vendors out there that are doing a great job, I think, in the space of data aggregation and standardization. We've been working in the informatics world on standards for many decades now. I think a lot of that work is bearing fruit. Boiling it down, I think it's people, a little bit of process, a little bit of technology, but mainly people.

[00:15:18] Chris: Change management's always a big component. You mentioned you're sitting on almost three decades of information, clinical information, which is amazing. Of course, we need to ask you about AI and how that might be able to be leveraged over that dataset. How is Geisinger thinking about AI now and what do you think it's going to look like three to five years from now?

[00:15:42] David: I'm excited about it, although some of my colleagues will say that I'm measured in that excitement. The truth is, we've been talking about how AI is going to transform healthcare for more than 50 years, I think, at this point. Sometimes I remind people that there were journals in the 1970s focused on artificial intelligence in medicine. In a way, I don't want us to overhype the potential here because I think at least in the last 50 years, what we've been promising in terms of what AI is going to do and what we've actually delivered, there's a pretty big gap there.

I think of the old 1980s commercials about, "Where's the beef?" I think a lot of people rightly ask, "Where's the beef here?" For GenAI, I do think it's going to have an important role to play. We're particularly excited at Geisinger about things like ambient documentation, the ability to summarize information rapidly, talking about that challenge you mentioned. It really is a blessing and a curse to have so much data. It's a failure to filter rather than a data overload problem, I once heard it described as, but generative AI may help us with that. Then things like drafting--

[00:16:53] Marthe: What is ambient documentation?

[00:16:56] David: Ambient documentation, the concept that I could go and have a visit with my primary care doctor and they could click a button on their phone, set it down on the table, and it'll record the encounter and transcribe everything but more than transcription, translate, if you will, the entire encounter into what becomes the clinical note, the progress note, the clinical documentation. We know how much of a burden that paperwork and documentation is for our clinicians. There have been many studies that both doctors, nurses, and others spend, upwards of a third to more of their time on paperwork-related tasks.

Now, it's hard to say that that's completely useless work and it should all be automated. I don't believe necessarily that's the case. There are some people that have workflows that lend themselves more to something like ambient documentation than others. I don't think it's a silver bullet, but we have heard a lot of positive things from around the country so far. I do think it'll be a time saver and a value-add to clinicians and help them spend more time being doctors and less time doing paperwork, if you will.

Really back to your question, Chris, I think a lot about the hype cycle that I'm sure you're well acquainted with. You have what's known as the peak of inflated expectations, and then



those come crashing down to the so-called trough of disillusionment. Then over time, it plateaus out. I think that's the plateau of enlightened mental productivity or whatever it's called. I suspect we'll ride the same cycle. I don't know where exactly we are on that curve, if we're at the peak or heading up that curve, or if we're already on the downhill now and we're saying, "Well, wait a minute again, where's the beef?" I'm reminded of the Yogi Berra quote. It's one of my favorites.

You said where will we be in three years? Yogi Berra said, "It's hard to make predictions, especially when they're about the future." I don't know. Things are changing so rapidly in this space. I'm sure none of us saw-- Well, I didn't see at least the whole GenAI public-- We've been talking about natural language processing. We've been talking about deep neural networks and the foundations for all this stuff, but it wasn't until just about a year ago with ChatGPT and the public embrace of that technology, that was really, really difficult, I think, to predict. Who knows what the next 12 months, never mind 36 will bring?

[00:19:23] Marthe: Great, thank you, so hold your horses.

[00:19:26] David: Indeed.

[00:19:27] Marthe: I heard also that you recently moved to Danville and I remember from my visit there at Geisinger that coming from New York City, of course, all these trees, it was really a beautiful environment, but it of course shows your commitments to the organization. I'm wondering what other institutions in the US or for that matter, elsewhere in the world, do you admire for their approach in analytics? Last month, for example, we had a podcast with Lehigh Valley Health. They do some prospective risk stratification play. I was impressed. I'm wondering, what are your inspiration sources?

[00:20:05] David: Thank you for that question. We're delighted. We did recently move to the area, Central Pennsylvania, coming from just outside of New York City. It's a different culture to be sure. We loved it there. We love it here. I love Central Pennsylvania. It's beautiful. We just had the fall season, spectacular, lots of outdoor things to do. It's a wonderful place to live. Spectacular views, wonderful people. Some of the nicest people I've encountered. To your question, Marthe, there are a lot of great organizations out there. We learn from each other. I think I mentioned the concept of the learning health system.

I think there are many people that embrace that notion. Part of that, to me at least, is learning from one another, learning from others. I have a tremendous respect for our peers in the region across the country and across the world. Really, I'm excited to learn and borrow ideas. I think the phrase that has been used before is to share selflessly and to steal shamelessly the good ideas of others and we certainly embrace that inside and outside of healthcare. I mentioned Toyota is one example. Anyone really that is marrying those principles of improving efficiency, trying to be data-driven, and then again, recognizing that data-driven does not necessarily mean more data.

[00:21:21] Chris: That's great. You've got a lot of great broad experience and I'm sure you've got a lot of lessons learned along the way. What are the top two lessons that you'd like to share with peers on tackling data that maybe we haven't touched on yet?

[00:21:35] David: That we haven't touched on. Maybe I'll just reemphasize that last point because I think this is a trap we all fall into, that we need to collect more and more and more data. Again, Marthe asked the question earlier in podcast. It's a good one. How do you know what the right data to collect are? Perhaps we don't get to that except through the experience of ourselves or perhaps of others. I think I would just double down on that concept, that more data does not make you a data-driven organization.



We've got to be smart about how we leverage information and use it frankly to favorably influence behavior. That might be behavior of clinicians, it might be behavior of administrators, it might be behavior of patients or members of a health plan. We want to do that obviously in a way that instills trust and brings value to all stakeholders and all parties. I think I'd probably leave it with that.

[00:22:29] Marthe: Thank you, David. I have to admit, I've never heard a podcast so dense of quotes. I think even Yogi Berra passed the review. I think I'll put on a thing that, "Business moves at the pace of trust." I really thought it was beautiful. Otherwise, of course, your point of view on data and value-based analytics is clear. Indeed more is not always better. I started my journey in the US working on choosing wisely, and that's of course, the hallmark of that movement as well. Willingness to turn things off, select better, and have good quality through your Geisinger setup.

You have a clinic and you have a plan, so you have claims and you have clinical data, which is something that's of course, much more difficult for a lot of peers who do not own health plans. You can link phenotypes to genotypes. That's super special. Your Epic or the adopter status and the fact that you do all the social determinants of health for a long time. I remember when I visited this Geisinger, that you would give carrots out on a recipe in the pharmacy. I think that trust part, which of course goes back to your business moves at the pace of trust, trust with patients in how you use the data, that is absolute key.

I love your take also on AI. Now, a lot of people around me are writing books on AI and I keep on thinking, "Oh, when is it coming?" I agree with your assessment, that you really have to first see what it does before jumping off the roof. I tremendously enjoyed this. It was really great. Chris, thank you for doing this with me. David, it's always pleasure.

[00:24:09] David: Thank you. My pleasure. If you'll indulge me, I'll leave you with one last quote that's etched in my mind. "We need to use technology to rehumanize not dehumanize healthcare." We have this challenge with a digital divide that we can exacerbate if we're not careful. I think Geisinger's really focused and many around the country are focused on health equity, eliminating health disparities. That one is one that, since you mentioned the quotations one, that I always think about. We need to use technology to rehumanize not dehumanize not dehumanize care.

[00:24:44] Chris: Thanks, David.

[music]

[00:24:53] Narrator: Alvarez and Marsal, leadership, action, results.

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[00:25:11] Chris: I thought he was great. I agree with you. The amount of quotes that he had that were relevant to the conversation was amazing. He's obviously very well read and I think we've gotten to know him a little bit in the last month or two, and his perspective's amazing. He's got such a depth and breadth of experience that I think can benefit a lot of organizations across the country.

[00:25:32] Marthe: I absolutely agree. Geisinger is in such a special position to do good stuff, and then if they attract people like David, then I think that's going to lead to even greater results.

[00:25:47] Chris: It's going to be interesting to see what he does the next couple of years. He's fairly new there. Sitting on almost three decades worth of clinical information, having a



health plan. There's some unique components there that I feel like they really can achieve a lot of what he talked about just because of the foundation that they have. Other organizations are going to be in that position in the next 10 years to be able to do similar things. I think there's going to be a lot of lessons learned with what Geisinger does in the next couple of years with this.

[00:26:17] Marthe: Of course too, people in that area, once you enter Geisinger, you probably don't leave for a long time. In addition to everything he covered, they also have very longitudinal data. It seems to me, very scary to make the decision to turn things off or on without a good algorithm for which to decide. Of course, the real proof of the pudding will be, how does he do it?

[00:26:41] Chris: I love your question about Danville. We'll have to check in with him after the winter to see if he still feels the same way. He probably is going to get a little more snow in Danville than he did in New York.

[00:26:54] [END OF AUDIO]

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