

What's Your Moonshot?

Where World-Class Healthcare Leaders Seek To Solve Big Problems

A conversation with *Patrick Byrne, M.D., Chief, Integrated Surgical Institute, Cleveland Clinic* and *Lisa Ishii, M.D., SVP of Operations, Johns Hopkins Health System* on high-value, patient-centered care.

The Moonshot Frictionless, Patient-Centered Care



- ▶ The future of healthcare must prioritize a seamless, consumer-like patient experience, where individuals feel like active partners—not passive recipients.
- ▶ Despite strong clinical outcomes, health systems lag in:
 - Access and convenience
 - Patient engagement
 - Experience quality
- ▶ The goal: patients are “always customers, sometimes patients.”

From Volume to Value Payment Reform is the Catalyst



- ▶ Transitioning from fee-for-service to value-based, risk-based models is essential.
- ▶ More than 50% of U.S. patients are already in risk-based arrangements, signalling gradual but real progress.
- ▶ True transformation requires:
 - Incentives aligned to outcomes, not volume
 - Clear, standardized definitions of “value”
- ▶ Change will be incremental, not abrupt, due to system complexity.

Redesigning Care Delivery Right Care, Right Place



- ▶ Future care models emphasize:
 - Home-based and virtual care as default settings
 - Ambulatory and outpatient care over hospitals when appropriate
- ▶ Key enablers:
 - Seamless data interoperability
 - Shared patient-provider access to health data
- ▶ Goal: deliver care in the lowest-cost, highest-quality setting.

Expanding Access While Managing Workforce Shifts



- ▶ Access gaps persist, especially in rural areas. Health systems are adapting through:
 - Extended hours (evenings, weekends)
 - Alternative care sites (e.g., ambulatory surgery centers)
- ▶ Workforce expectations are evolving, requiring flexibility and cultural change.

The Role of AI and Technology



- ▶ AI is a foundational enabler, not a standalone solution.
- ▶ Near-term impact:
 - Automation of routine tasks (documentation, scheduling, call centers)
 - Operational efficiency (e.g., OR scheduling optimization)
- ▶ Longer-term potential:
 - Clinical decision support
 - Predictive analytics for early intervention
 - Personalized care pathways
- ▶ Increasing reliance on multiple tech partnerships, not single vendors.

Data, Quality, and Outcomes Transparency



- ▶ A major gap: lack of granular, outcomes-based quality data, especially in surgery.
- ▶ Future state:
 - Real-time, AI-powered dashboards
 - Surgeon- and site-level performance tracking
 - Patient-centered outcome metrics
- ▶ This enables continuous quality improvement akin to other industries.

Patient Education and Consumer Demand



- ▶ Adoption of new care models depends on:
 - Better patient awareness and education
 - Meeting rising expectations shaped by other industries (e.g., digital scheduling)
- ▶ A virtuous cycle emerges: higher expectations drive system innovation.

The Future Vision



Healthcare delivery will be:

- ▶ Technology-enabled and AI-driven
- ▶ Highly personalized and predictive
- ▶ Delivered in optimal, lower-cost settings
- ▶ Defined by better outcomes and better experiences for both patients and providers

Collaboration with Payers



- ▶ Progress requires stronger provider–payer partnerships.
- ▶ Challenges include:
 - Regional variability
 - Lack of trust and alignment
- ▶ Opportunity lies in co-developing value-based models.

Strategic Takeaways



- ▶ Value transition is real and accelerating via incremental risk-based adoption; expect Medicare/CMMI to catalyze further change.
- ▶ Consumer-grade access and experience require venue optimization, seamless data, and cultural shifts in workforce and operations.
- ▶ AI/automation is pivotal across front-, mid-, and back-office functions; results depend on execution capability and multi-vendor ecosystems.
- ▶ Surgical care quality will be transformed through AI-enabled, real-time, outcomes-focused measurement at the surgeon/site level.
- ▶ Sustained payer–provider collaboration, tailored to regional realities, is necessary to align incentives for cost-effective care in the lowest appropriate setting.



What was once a predicted watershed moment has become a quiet transformation. The percentage of lives under risk-based contracting has increased year over year over year, and now steadily exceeds 50% of covered lives.

- Patrick J. Byrne, M.D.

Host



Brian Giessler

Managing Director
A&M Healthcare
Industry Group
bgiessler@alvarezandmarsal.com

Featured Guests



Lisa Ishii, M.D. M.H.S.

Senior Vice President,
Operations
Johns Hopkins
Health Center



Patrick J. Byrne, M.D.

Chief, Integrated Surgical
Institute
Cleveland Clinic

If you are interested in being a guest on the series, please contact [Melissa Gomez](#).