

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

[00:00:01] Patrick J. Byrne, M.D.: Payment reform is so difficult for healthcare systems to manage.

I know it's difficult for third party payers as well. As a nation, we've been leaning into it for decades and predicting this sort of watershed moment towards more risk-based contracting. Broadly, it's amazing because there is this more of a progressive incremental shift. The percentage of lives that are nationally that are under risk-based contracting has increased year over year over year. So instead of this big watershed moment, there's no more fee for service. It's just happening year by year. I think it's about over 50% of the country now lives served.

[00:00:43] Narrator: Welcome to A&M Healthcare Industry Group's *What's Your Moonshot* Podcast series where leaders seek to solve big problems and transform healthcare. Join us for conversations to hear how their vision and bold moonshots are becoming reality.

[00:01:00] Brian Giessler: Welcome to AM's what's your moonshot Podcast. I am Brian Giesler, a Managing Director in Alvarez and Marcel's Health Industry Group.

I am pleased to welcome Dr. Lisa Ishii, Senior Vice President of Operations for Johns Hopkins health system and Dr. Patrick Byrne, chief of Cleveland Clinics Integrated Surgical Institute and the Chairman of the Department of Otolaryngology.

In her role, Dr. Ishii helps guide Johns Hopkins medicine by aligning executive leadership around integrated initiatives and contributing to the long term clinical strategy. She is also an internationally recognized professor of otolaryngology and neck surgery.

Dr. Byrne's steers Cleveland Clinic's ambitious benchmark to set worldwide patient care standards, education, research, innovation and safety outcomes and is an internationally recognized facial plastic and reconstructive surgeon.

I welcome both of you. Dr. Ishii, thank you very much for making time for what's your Moonshot.

[00:02:02] Lisa Ishii, M.D., M.H.S.: Thank you. Thrilled to be here, excited for this conversation.

[00:02:06] Brian Giessler: Dr. Byrne, pleased to see you again and welcome to what's your Moonshot.

[00:02:10] Patrick J. Byrne, M.D.: So great to see you Brian. Thanks for inviting me.

[00:02:13] Brian Giessler: Well, thank you. Dr. Ishii, when you think about the future of healthcare, what's your moonshot for delivering high value care and what inspired you personally to pursue this moonshot?

[00:02:25] Lisa Ishii, M.D., M.H.S.: Yeah, thanks Brian. In thinking about that question, it's a number of things, it's not just one thing. I think it starts though with doing better by our patients with regards to their experience.

I think we have to have a frictionless experience for our patients which we don't have today.

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

I think we need to do better with them feeling as though they're a partner in the care that's being delivered to them rather than being the recipient of what we're giving them. You know, at Johns Hopkins, we've recently done some brand valuation work and we heard from our data in all of our markets, adults and pediatrics, that we're doing a great job in the space of clinical excellence. We're not doing a great job in the space of our patients feeling as though they have the access that they need, that they're partners in their care, that we are delighting them in the experience that we're providing.

So. So that's one thing. Another thing, we've got to do better with earlier detection so that we can start making decisions earlier should we need to. And I think that our technology solutions are going to help us in that space. But the earlier that we can intervene or even predict, the better off we'll be. From an outcomes perspective, obviously, we have to do much better with cost, so healthcare is too expensive in stop. I know we're going to talk about that a little more, but we would be in a place where we truly feel as though we're delivering care in a way that we can measure the value associated with it.

And then the final two things that I would speak to, both very challenging. One of them, again, is access. Better access.

And what I mean by that is access. I live in an urban area and we have incredible healthcare points that are quite common.

We have a number of rural areas across this country that we have to do a better job.

And then finally, sustainability.

And this is going to be really challenging for us in healthcare. We do have peers that are leaning into this in a way that I think we can all emulate. But I think we have to play our part in a way that we haven't heretofore.

[00:04:45] Brian Giessler: Thank you, Dr. Ishii. And I really appreciate centering consumerism in the conversation as well, to really engage patients like other industries.

[00:04:56] Lisa Ishii, M.D., M.H.S: Absolutely. And I have to say, as a physician, that's been a hard concept for me to wrap my head around, thinking of patients as consumers, not patients.

I think what really sums it up, though, is what we want is a universe where they're always our customers, sometimes our patients.

And that to me, really resonates. So, yes, I am leaning into that conceptually.

[00:05:22] Brian Giessler: Thank you, Dr. Ishii.

Dr. Byrne, if you could redesign the healthcare system from scratch, what would it look like, particularly in the context of delivering the right care at the right time, and perhaps weave some of the consumerism come into the conversation. I'm curious your perspective.

[00:05:42] Patrick J. Byrne, M.D.: Yeah, it's a great segue from what Dr. Ishii and yourself were discussing.

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

And it's challenging because we're working within these legacy systems, not just our payment models and our physician department centric approach, but even our physical spaces. We don't get a lot of opportunities to design from scratch. But I think your question is the right one because it forces us to think in terms of first principles and, you know, if we think of high quality or value in particular, where we're trying to give the very best outcomes, you know, for a sustainable and low cost, I think for sure we'd organize about around being radically patient centric.

And that speaks to the consumer piece that Dr. Yixin, you just mentioned. And so we would design to give the right care setting for one thing, so virtual ambulatory, home based care. Every system in the United States is experimenting with these things. We all have enormous opportunity for improvement. But I would prefer to manage most of my healthcare as a patient either at home or virtually.

And so that right setting for much of what we do is important.

In order to get there, we'd need seamless data integration so that the patient, the physician would, we would have the same source of truth and the healthcare metrics that we use for my own individual health, the patient's individual health would be easily and automatically accessible by both the patient and the physician.

And I guess my fourth point is I think it's really important. We talk about preventive health for decades and we're investing in. And again, every system is doing our best with this, but we really don't do a great job at it still. And I think we probably need to rethink the role of healthcare driving preventive health.

[00:07:39] Brian Giessler: Thank you, Dr. Byrne. Dr. Ishii, what bold change do you believe could shift us from volume to true value in healthcare?

[00:07:50] Lisa Ishii, M.D., M.H.S: Well, I think it's the obvious. We have to change the incentive, which is the payment system.

And I think we're actually going to start seeing this. I think that it's going to start with changes that will occur with Medicare. I think in the not too distant future we're not going to have Medicare fee for service model.

I think that Abe Sutton, who is now overseeing cmmi, he is bullish on these new value based models. And Abe is a, is a great innovative thinker. He's been a great partner for us in the state of Maryland where we already have a different type of payment system.

But I think it's going to be just that. I think we're going to see more risk taking that's expected by the healthcare systems in a way that we haven't had to.

I Actually would love to hear Dr. Byrne's reflection on this because Cleveland Clinic is really a leader in this space in how they're managing in Medicare Advantage, how they're taking on risk.

And I think that's what it's going to come down to. It's not going to change until we change the rewards from a volume based system to a value based system.

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

It's incredibly complex because it requires us to understand the metrics on which you determine value, which is something that we've struggled with for decades. But at some point in time, and I think that time is now because I think CMS has finally decided that's it, we're going to start pushing this forward regardless. So I think we'll see it in our, in our leadership tenures.

[00:09:25] Brian Giessler: Thank you, Dr. Ishii. Dr. Byrne, I would love to hear your perspective on the topic and I would also love to hear how you both believe the commercial payer collaboration between providers should change to help shape the cost curve as well.

[00:09:43] Patrick J. Byrne, M.D.: Well, I will pick up on, you know, Lisa's comments. The payment reform is so difficult for health care systems to, to manage.

I know it's difficult for third party payers as well. As a nation, we've been leaning into it for decades and predicting this sort of watershed moment towards more risk based contracting broadly.

And it's amazing because there is this more of a progressive incremental shift. The percentage of lives that are nationally that are under risk based contracting has increased year over year over year. So instead of this big watershed moment like there's no more fee for service, it's just happening year by year. I think it's about over 50% of the country now, lives served. And so that's probably good because, you know, we're not capable in health care to do radical sharp shifts. You know, we're much more like the, you know, the big huge ocean liner going down in the ocean, we can make these little incremental changes. So I actually feel pretty optimistic about the recent history about, you know, and our nation's ability to control the cost curve, move towards more value based and risk based contracting and focus on outcomes that matter for patients.

You know, I'm pretty optimistic that we are moving in that direction and I think the data backs it up. And so to get there, you know, we need to continue with payment reform, you know, with reimbursement models that incentivize the. And as tough as it is for, you know, leadership like ourselves to swallow, but, you know, we need to incentivize care in the lowest appropriate site of care. And there's a lot of national variability in that, by the way. And that's something I've learned moving from Maryland to Ohio. It's a very different market and Ohio has been spared from some of this sort of steerage from payers so far. But obviously it's, you know, it'll come in parallel. Like we said before, we need seamless data interoperability. We need to scale up these home health technologies, remote monitoring and ambient technologies.

Then the final is we're struggling with this a little bit or leaning into it, I guess I would say is evolving the workforce expectations.

We're expanding now to Saturday operating rooms for a variety of reasons. But part of it is because surgical care outside of hospitals and ambulatory surgery centers is an example of driving value. We can get at least as good outcomes, if not better, with lower cost. And we're trying to expand access to make it more convenient for patients. So it sort of hits all of the buttons that we're trying to accomplish in this conversation.

But that's a shift. It's a real cultural shift that takes time.

[00:12:20] Brian Giessler: Thank you.

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

[00:12:20] Lisa Ishii, M.D., M.H.S: I think, Brian, to your point about what's the role of commercial payers in this, obviously it is going to have to be a partnership, but I think it's tricky because there's so much variability across the country in who the payers are and how they relate to the providers.

So what it looks like for me in the mid Atlantic region where most of our facilities are, those are different commercial payers than Dr. Byrne is dealing with where he is.

And so to do this in a coordinated way is going to be really challenging.

I also think just we'll have to have some real relationship and trust building to be able to have those conversations in a truly collaborative way that I don't think exists today. But you're spot on that we'll have to figure it out together.

And I think that's an area of opportunity.

[00:13:21] Brian Giessler: Thank you. Dr. Ishii, this question comes from my own personal experience as a patient who only recently started using virtual care for simple care.

I think the part of the conversation we haven't touched on yet is what bold changes do we need to make as a nation to educate patients as new tools are available to them to gain access that's more cost effective. But access, Dr. Byrd, as you mentioned, that is preventative to not only improve care but shape the cost curve. How can we educate patients more effectively?

Dr. Byrne, I'll lean on you perhaps first.

[00:14:01] Patrick J. Byrne, M.D.: How can we educate patients to avail themselves of existing technologies and opportunities or to drive new ones?

[00:14:11] Brian Giessler: Both, actually. I'd be interested in your perspective, Dr. Baron.

[00:14:14] Patrick J. Byrne, M.D.: Yeah, no, it's good, it's good because I frame it that way because there is a lot available now.

And I mean there's, you know, countless healthcare systems that are experimenting, for example, with hospital at home, you know, that's for more acute needs typically than what you're describing with your own experience.

But my intuition is there's only so much that we within the healthcare systems can do to kind of push out this demand for this. So that's part of the equation. Educating. You know, a lot of us are doing this right in our systems. We're expanding the number of virtual visits available, we're expanding into evening hours. That's a big push here. In the past year, once again we're expanding to Saturday elective surgery. And so just getting this access in ways that are more convenient, especially virtually, is one thing. The other is the public though. So I feel like we could do a better job educating, promoting what is available because that may induce more of a virtuous cycle. There's definitely data suggest that patients now have a much more consumer facing expectation than patients in the past. Like, there's no question about that. And I think as that grows, because patients will say, well, why can't I just make my appointment like I do an open table, you know, from my restaurant, like. And we say, well, it's more complicated and

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

that's, that's our response, but we have to respond to that demand. So to me, I see as this cycle of it's our responsibility to evolve our technologies, we're always going to be behind most industries because of just how heavily regulated we are and the stakes, quite frankly of people's lives.

But most of us know in all our institutions we can be more nimble in developing the technology that patients expect in every area of their life and they don't tend to get with their own health care. So I think it's this cycle of expectations from the, the patient as a consumer which is developing for sure, and then our focus on it and not accepting the status quo and advancing our ability to respond to expectations.

[00:16:21] Brian Giessler: Thank you, Dr. Byrne.

Dr. Ishii, I'm going to lean on you for question about innovation.

What do you think are some of the most promising innovations in health care today that will help us drive patients to the right venue of care?

[00:16:40] Lisa Ishii, M.D., M.H.S: You took that question in a different direction than I thought you were going to.

You know, you can't go to A national meeting of healthcare C suite leaders these days without spending a significant portion of the conversation on AI and everything that we're going to do with AI. And I think that's real and I think the extent to which we continue to push on that, you know, we're in the state now where we're, we're really focused on AI for rote work. You can think of rote work, decision making work and strategic work. We're in the rote space. When are we going to move to decision making and when are we going to move to strategic?

And I think that there are so many opportunities right now. There's a lot in the back office functions, revenue cycle. You hear about revenue cycle and AI all the time.

You hear about AI and access these new agentic call centers where patients don't even realize that they're not talking to a human being. More and more we're hearing about ambient listening and video recording in healthcare delivery spaces like operating rooms and using all the data that we glean from that to drive efficiency and throughput. And we're seeing real results in that.

So, I think leaning into everything that we can do with AI and automation.

So, the more that we can figure out from an automation perspective, what can we do in areas like EVS and sterile processing and supply chain where can reduce the labor need there and replace it with more automation that's less expensive and more efficient. We're seeing this in cars today, right? We've gone from Uber and Lyft now to the Waymo cars that are driving around.

We need to do more of that in healthcare. I think what we're also seeing in health care that I was at JPMorgan recently and what we saw a lot of going on around the country that's new is more and more partnerships with technology vendors.

So today what you see is a slide at a presentation where a health System is showing 20 different technology partners to achieve the goals that they're trying to. And I think that's really what it's

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

going to look like. I think the days of, okay, our partner is EPIC and we're going to do everything with epic. We're past that. And so I think that's going to make things look different.

So that's the innovation piece is what you asked.

And all of that will enable us to more precisely predict where care needs to be delivered again. I mean, Dr. Byrne has already called this out a couple of times, be it in the home, be it in ambulatory surgery centers, et cetera.

So, I think it's incredibly exciting and there's a lot yet to come. And I do think that, you know, some say, well, is this going to be an AI bubble?

You know, I think that we have very real solutions coming down the pike that are, that will make our care delivery better.

[00:19:50] Brian Giessler: Thank you. Dr. Ishii and I reflect on the work that the three of us did together at Hopkins, and only if we had the tools to help us to determine which patient should be in which venue more effectively to improve not only efficiency but patient experience would have been, I would say, a game changer for us five years ago and five years later, I think we're there.

Dr. Byrne, I would love your perspective on the topic.

[00:20:20] Patrick J. Byrne, M.D.: Well, the last point you made is so present.

AI. We're all talking about AI. Of course, it's not a magic bullet in many ways, and we always keep having to remind ourselves that AI will be a tool. But it's the competency of the healthcare delivery system and the people in it that will determine how much we get out of the tools that are coming our way.

And so, you know, there's this sense as leaders we need to, you know, not get ahead of, you know, over our skis a little bit with what it can do. But, but I remain incredibly optimistic. It's, it's absolutely going to be game changing. You just mentioned the challenge for a system to get the right patient, right place, right time. Just look at surgical operations alone. You know, in, in Cleveland Clinic here, I believe it's about 266 ors in Northeast Ohio on any given, are operational. In our institute, which is called the Integrated Surgical institute, we manage 115 rooms a day.

And so the number of, and patients, you know, can, can receive their care. Even the ambulatory surgery center, maybe in Beechwood or on the main campus or maybe Fairview Hospital right there is the ability to direct the patient by their own healthcare conditions, where they live, what kind of procedure they're, they're having to a number of different sites. And because that means on any given day, the number of potential solutions to the problem of hey, where should these patients go and get their care, it literally numbers in the trillions. There are trillions of potential solutions every single day to where patients should go when you have that many rooms and surgeons and all that and what have you. And so it's totally impossible for humans using spreadsheets and intuition to optimize that function. Right. So just from the, from the operation standpoint, from the, utilizing our expensive assets as effectively as we can we have to embrace AI. There's no way around it. And so we are like we're trying to do that. We're working with Palantir in the past two years to develop a bespoke, ultimately be available, you know,

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

nationwide, but a AI enabled tool to allow us to manage these ors in a way that leaves fewer of them unutilized because that's a tragedy for the patient. We can probably treat a lot more patients safely in any given month or year than we have been.

I'm excited by the clinical decision support opportunities with AI, which is happening by the reduction of the burden to our colleagues through scribes. AI scribes, which is incredible. The agentic sort of interface that Lisa mentioned is super exciting. I mean we're finally, you know, we're, we're sort of entering that space now where we can actually reach out to patients and check in on them, make sure their meds, they're following their meds and make sure they have their follow up appointments. And we don't need this enormous cost of human resources. There's just no way we can do that optimally. But now with agents we can probably reach everybody soon, really well.

So there's a lot of, lot to be excited about right now. And I agree with you both for your optimism.

[00:23:33] Brian Giessler: Thank you. Dr. Byrne, one last question for both of you. That perhaps coming on the coattails of that discussion is perfect.

If you both had a bold prediction of how healthcare will be delivered differently in the future, what would it be? Dr. Byrne, I'll start with you.

[00:23:52] Patrick J. Byrne, M.D.: Well, I'm going to actually zoom back down on this one. Because the AI enabled clinical and operational support and how disruptive and amazing that's going to be, I think is going to come to light.

I'm going to focus on one little aspect of that because I think it has the potential to very profoundly change how we deliver care. I'm going to focus on surgical. So in brief, across most surgical specialties, we lack the ability to truly understand the quality of the care we deliver.

In other words, if we focus on what patients care about the most in getting a particular operation, cochlear implant surgery, you want to know what your hearing is going to be like. Cataract surgery, you want to know what your vision is going to be like. You have breast cancer, you want to know that the margins are negative and the cure rate is high. You go down the list and most of the public would be shocked I think, to realize that in essentially no healthcare system I'm going to put this challenge out there.

Do we have real data down to the surgeon and site level about the quality of the care we give in terms of outcomes that the patients actually care about.

Hospital based metrics we're good at falls, readmission rates, clabsi cauti, but surgical specialty, especially for how much is done outpatient now we just don't know what we're focusing on, which I think can be transformative and it will be enabled by technology and AI is the development of real time automated dashboards, surgeon specific, populated with information for complication rates, objective measures of success, patient reported outcomes, measures highly specific to their specialty that's wrapped into ongoing quality improvement. It's a little bit of a in the weeds answer, but it will usher in for the first time in surgery in the United States the same approach that most industries apply to quality control.

What's Your Moonshine? Podcast Series

Access Reimagined: Meeting Evolving Workforce Expectations While Expanding Patient Reach

Right. And this really is a profound shift and I think would have been impossible until we have AI enabled tools to get this data immediately in the hands of those who need it.

[00:26:05] Brian Giessler: Thank you Dr. Byrne. Dr. Ishii, I'd love your perspective.

[00:26:09] Lisa Ishii, M.D., M.H.S: Yeah, I'll go in a slightly different direction. You know, I think what it looks like is and, and we're starting to see this. Houston Methodist just opened a new smart hospital and what it looks, what we have referenced it is patients being delighted by the experience, the staff and providers being delighted by the experience. And what's sitting under it is the technology solutions that make it all possible that get the patients to the right place, that take the friction out for the patients, that takes the friction out for the providers so that they can rather than having to flip through two weeks worth of notes in the chart, they get a summary that's delivered to them.

And so I think it is a new better outcomes with a better experience for both the caregivers and the patients that's driven by the technology solutions beneath will happen.

[00:27:08] Patrick J. Byrne, M.D.: I love it.

[00:27:08] Brian Giessler: Thank you Dr. Ishii and Dr. Byrne. I really appreciate your time and this is a wonderful conversation. I think that helped me appreciate your perspective that it's not just big, bold AI that's going to change healthcare, it's strategies all the way down to how you engage the patient better, how you apply quality metrics differently, that all will have to come together to drive the change we're looking for to improve quality of care, improve access and ideally change the cost curve into the future of healthcare. So again, thank you for the conversation and I appreciate your time.

[00:27:44] Lisa Ishii, M.D., M.H.S: Thank you.

[00:27:45] Patrick J. Byrne, M.D.: Thank you. Brian.

[00:27:54] Narrator: Alvarez & Marsal. Leadership. Action. Results.

ABOUT ALVAREZ & MARSAL

Founded in 1983, Alvarez & Marsal is a leading global professional services firm. Renowned for its leadership, action, and results, Alvarez & Marsal provides advisory, business performance improvement, and turnaround management services, delivering practical solutions to address clients' unique challenges. With a worldwide network of experienced operators, world-class consultants, former regulators, and industry authorities, Alvarez & Marsal helps corporates, boards, private equity firms, law firms, and government agencies drive transformation, mitigate risk, and unlock value at every stage of growth.

To learn more, visit: [AlvarezandMarsal.com](https://www.alvarezandmarsal.com). Follow A&M on [LinkedIn](#), [X](#) and [Facebook](#).