Physicians, Patients and AI
4sight Health Roundup Podcast
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David Burda:
Welcome to the 4sight Health Roundup podcast. 4sight Health's podcast series for healthcare revolutionaries. Outcomes matter. Customers count, and value rules. Hello again, everyone. This is Dave Burda, news editor at 4sight Health. It is Thursday, February 20th. We're gonna get right to our topic today as I don't feel very humorous with the new administration gutting our federal health agencies. Hope you didn't need that, a CA navigator to find a health plan. But we do have Dave Johnson, founder and CEO, 4sight Health, and Julie Murchinson, partner at Transformation Capital to help us navigate through some of the big healthcare artificial intelligence news last week. Hi, Dave. Hi, Julie. How you two doing this morning, Dave?

David W. Johnson:
Usually by this time of year, Dave, you know, mid to late February, I feel like we've kicked winter in the ass. This week however, Mother Nature's been the one doing the ass kicking, spent most of this week in Minnesota with windchill temperatures in the minus 20 to 30 range <laugh>. My wife, Terry's started calling all this new weather global weirdness instead of global warming. I think she's onto something <laugh>

Burda:
For sure. It will catch on. That's great. Julie, how are you?

Julie Murchinson:
I'm well. I am in Boston where it is also nippy, but not like where Dave is. And I'm just really happy that I didn't try go to five where Nashville is effectively shut down with five inches of snow. <Laugh> sounded like a nightmare.

Burda:
Yeah. That'll cripple Music city, that's for sure. <Laugh>. I can only imagine. Let's talk about what cuts at various federal health agencies shock you the most? Dave, what made you say, you've gotta be kidding me?

Johnson:
Well, maybe not the most surprising given how nationalist the the Trump administration's agenda is, but for me, the saddest was the virtual elimination of U-S-A-I-D. As a former Peace Corps volunteer, I've been very aware for decades of all of the great work done by the U-S-A-I-D professionals particularly in the areas of public health and fighting aids. For most of the last century, the US has been a compassionate world leader that appears to be ending. I hope the Peace Corps isn't next on the list.

Burda:
Compassion's not a word you hear recently. Julie, what cuts are bothering you the most?

Murchinson:
I mean, there are so many <laugh>. You know, I'm still struggling with the impact on health centers because of the extraordinarily important role they play in the community, and how, just like the simplicity of must cuts can cause such widespread, you know, risk to sustainability of

healthcare. It's crazy. But for me, the most disturbing, honestly, is the CDCs program that embeds recent public health grads in local public health departments. And I mean, why are we cutting development like that? Like that's, we need that for long-term development and growth. We, we need the new blood. So it's <laugh> it's hard to, hard to grasp it all.

Burda:
Right? Right. Wiping out the next generation of epidemiologists. For me it was gutting the CDCs epidemic Intelligence services. These are the disease investigators on the front lines of public health emergencies. They rush into a hotspot to figure out what's going on so they can save the rest of us. So, oh well, it's bleach and light bulbs from now on. Right. <laugh>, two more things, two more things they have to stack up on right there.

Johnson:
Yeah. Ignorance is bliss.

Burda:
Yeah. That's an addition to water, rice, and aluminum foil. So now I'm up to five things. Okay. I'm gonna ask you what light bulbs went on when you read some of the big news in healthcare AI last week. The first is a survey of about 1200 physicians by the American Medical Association on their views of ai. The second is a survey of about 2000 US adults by researchers at the University of Minnesota on patients' trust in health systems to use AI the right way. Go gophers. Let me give you the top line findings of each, and you tell me what they mean for AI in healthcare moving forward. Here goes: 66% of the physicians surveyed by the A MA said they currently use one or more of the 15 AI use cases cited in the survey. That's two thirds based on my grade school math. That's up from 38% in 2023 when the A MA did a similar survey. The three top use cases cited by the physicians were documentation of billing codes, medical charts, or visit notes, automation of insurance, pre-authorization, translation services, and generation of chart summaries tied for third, the least popular use cases were analysis of patient generated wearable and remote patient monitoring device data, prediction of demand and associated workforce needs and surgical simulations and guidance. 68%. There was an advantage to using AI in patient care, and that's up from 63% in 2023. Now, let me tell you what consumers think. This survey was published in GM and Network Open. The survey asked patients whether they trust their health systems to use AI responsibly and that an AI tool wouldn't harm them. They measured trust and a four point scale with one being those statements were not true to four being those statements were very true. 65.8% of the patients said they didn't trust their health system to use AI responsibly. And 57.7% said they didn't trust their health system to make sure an AI tool didn't harm them. Again, using my grade school math, that's nearly two thirds and more than half respectively. Dave, what's your reaction to what these surveys found? Did any other results jump out at you? And why? And what do they say about AI and healthcare moving forward?

Johnson:
Isn't it remarkable how many of healthcare's challenges, sort of, regardless of what the topic really come down to trust, and whether consumers believe their caregivers and the systems employing them, are acting in their best interests? You know, specifically on AI, which is our topic du jour when you look at the MA survey, most of the AI tools physicians are getting

excited about including the three top three that you mentioned, Dave relate to reducing their administrative burdens. It's all about them, the docs not about the patients. Yet when asked about where is the biggest potential for ai number one was work efficiency. So that, that correlates with, with the, the findings. But after that, the next two were diagnostic ability and clinical outcomes. That's where they thought ultimately AI would be the most helpful. But the activities listed on the survey that related to better diagnostics and better outcomes don't crack the list of the most important use cases for doctors. I've said it before, but let me say it again. Healthcare's biggest flaw is that it doesn't see human beings at the end of its transactions. It sees a bill, it sees diagnostics, it sees treatments, sees codes but doesn't see human beings. And the data in these surveys confirms this dismal reality, both from the physician's perspective, what are they focused on with AI? How do we relieve their administrative burden? Not that that's not important. It it absolutely is, but come on. At the end of the day, aren't we supposed to be serving consumers? And that's why I think the scores you see from the patient's perspective are so low so distrustful. If consumers already think the system is acting against their interest, why would new AI tools make them believe any differently? So there's a way out, it's not easy, but it's giving consumers agency. This is what Baylor Scott and White is doing. So, Pete McKenna, the CEO, you know, he's one of my favorites. The country has identified five jobs to be done to fulfill the health and healthcare needs of Baylor Scott and White's customers, not consumers, customers for them, ultimately customer and consumer are one and the same. So here are the five. Do not turn away customers who are knocking at our door. Number two, get the customers to the right place every time. Number three, amplify customer relationships by engaging them on the digital platform. Number four, make the next connection for customers proactively and reactively. And number five, eliminate all customer friction. My God, you know, if we were using AI to do all those things, I think you'd see those consumer scores go through the roof. So come on, healthcare, get over yourself, deliver for your customers. Make yourself relevant in the marketplace.

Burda:
That is a powerful list. I had not heard that before, Dave. Thank you for sharing that. Julie, any questions for Dave?

Murchinson:
I love that list. And Dave, as you know, Baylor Scott and White has developed a lot of their own technology platform. So I would also argue that you cannot do what Pete McKenna says in Epic alone. Yeah.

Johnson:
Gotta walk the talk, right? I mean, come on.

Murchinson:
Yeah. Yeah. So, Dave, I'm curious about the governance side of this. You know, the consumer survey showed that women were less trustful of AI and healthcare than men. And that past experiences with discrimination in healthcare were also associated with low lower trust in AI related decision making. So what do you read into these findings as it relates to the need for governance of AI or a different way of operationalizing, or, you know, how do we build trust here?

Johnson:
Exactly. Did these findings surprise you, Julie? They didn't really surprise me, but I bet they didn't surprise you either. No. Yeah. So if I were running a healthcare system or a healthcare executive at, at one of these big systems, these findings would terrify me. We know that women make the vast majority of healthcare decisions for themselves and for their families. We often talk about them as being the quote unquote family CEOs when it comes to making healthcare decisions. I really don't think it's much of a stretch to say that healthcare's trust issue is fundamentally a women's trust issue. It's time for health systems to figure this out, like Baylor Scott and White is doing if they want to, you know, keep their market relevance. Like I was saying before, you know, I can't say this enough and I've already said it once this morning, but there are human beings at the receiving end of healthcare transactions. And the vast majority of those human beings, at least the ones making the decisions, are women. Serve women well, and you'll serve your company well, and you'll go on into the future swimmingly don't do that, you know, good luck.

Burda:
Yeah. <laugh>, yep. Know your customer. Julie, you said a few weeks ago on the show that every solution out there is touting AI, right? If I remember that correctly. Is the market in sync with what physicians think and what consumers think? And what are the results say about healthcare AI in 2025 and beyond?

Murchinson:
Well, I mean, to be fair, the market's all over the board because so many founders are, and companies are trying to think about really wild applications of AI. But where we are today, I mean that a MA survey shows that physicians are intrigued by the assistive role of AI reducing administrative burdens, enhancing diagnostic accuracy, things like that. And that's consistent with what we've seen. I mean, the autonomous generation of provider notes from visits and, you know, augmented notes like we're seeing from a Bridge or Dax, those tools have been very enthusiastically adopted by physicians, which I believe has been a game changer for physician trust in AI. They love it, but it's really all about saving physicians time, introducing burnout. Though these technologies currently don't do much more for them than that. For example, they don't integrate medical coding today, which seems like a logical capability to sweeten the ROI for both physicians. And, you know, practices and health systems. So, you know, some of these tools have really engendered you know some loyalty and excitement very early on, but there are still a little bit blunt. And we just partnered with a company called RAD AI that uses generative AI to automate radiology impressions and reporting, which cuts the time for radiologists on dictation, like from hours to minutes, right? So radiologists love it. And when you look at what's happening with decreasing radiologists and increasing imaging, it, you know, these tools are very important. But it's, it's adding onto them. Like rad AI is starting to help health systems pull patients back in for follow up and based on what they're seeing in imaging to make sure that we're, you know, they're managing the future of that patient's health. So some of these tools are starting to get really specific about how to create value in ways that are, you know, beyond the bluntness that we're seeing today. While these are only, you know, a few examples it's building goodwill. So the, you know the other part I guess we're seeing is the patient engagement and

automated patient communications and call center automation and things like that. Those are, I think also, you know, a lot of systems are looking at, at those pretty seriously. But again, it's all the back office stuff. So the survey went on to say that physicians have concerns about things like AI offering incorrect conclusions, or its integration with the EHR, which is always, of course, a concern or putting privacy at risk. And so they are really hesitant about the things where AI could be game changing on the clinical side. And that's pretty consistent with what we're seeing. You know, there's a lot of really interesting clinical decision support approaches out there today. But at the end of the day, there's a lot of concern once you actually go from what's in the literature to how to apply it to the clinical decision in front of you and the workflow. And frankly, you know how AI can make a lot of the device diagnostic use even, you know, more robust. So we're a long way from really trust in the clinical side.

Burda:
Got it, thanks Julie. Dave, any questions for Julie?

Johnson:
Julie, kind of a big picture question. What is the most impressive AI application in healthcare that you've seen or experienced, and how is it rocking the healthcare world?

Murchinson:
Oh, it's such a hard question because, you know, I look at what Halamka is doing at Mayo, and it's incredible what they're doing by using AI and machine learning across all their data. I mean, their personalization potential is incredible. And, you know, Suchi Saraya, who I think many people probably know she's been in and around both the inside the beltway landscape, Johns Hopkins, she has a company called Beijin that's pretty impressive taking a very automated approach to detecting sepsis. And obviously it looks to go way beyond that. There's a company that Sequoia funded called Open Evidence, however, that doesn't necessarily try to get into the workflow in ways that Beijing or others do. But it's partnered with a New England Journal of Medicine, and it's one of the fastest growing healthcare businesses around, you know, they have thousands of verified doctors, you know, registering each month to just use the latest in research that's being published. So that's a very kind of physician independent use case that isn't about the health system, you know, top downing their clinical decision support. So Dave, I mean, it's hard to answer the question because you see new things every day. I think these AI docs and the AI nurses could really go a long way in terms of driving self-care, but, you know, they are just highly experimental today.

Burda:
Yeah. Synthesizing all the medical research out there. I mean, that's a, a great use case right there. Thanks, Julie. For me, reading between the lines of both surveys, physicians and patients want AI to make their lives easier and not more difficult, right? Whether it's accessing care or getting paid for services rendered. So let's see what happens. Thanks Dave. And thanks Julie. Let's talk about other healthcare news this week. Julie, what else happened that we should know about?

Murchinson:

Well, this one's a little bittersweet for me, but you might've seen that Trump expanded access to in vitro fertilization. And while it makes me so happy and I'm thrilled for women everywhere, the quote from, I think this might have been from a few years ago in his first term, it's because we want more babies. <Laugh>. Yeah. Okay. That's what we want.

Burda:
Mm-Hmm <affirmative>. Of a certain type. Right? Exactly. I think is what it sees to, to complete the thought, right?

Speaker 4 (43:49):
Yeah. Yeah.

Burda:
Dave, what other news is worth mentioning?

Johnson:
God, how far are we away from the handmaiden's tale? Anyway, Dave, you know, I've been thinking a lot about the application of physics to healthcare and are we in a period of disequilibrium? Well, this week's addition, I'm thinking about Newton's third law of motion. Every action has an equal and opposite reaction. So here's the action. This week the AHA issued its annual economic impact report about how hospitals support their local economies. I never know whether this is more a work of, of fiction or horror. But they claim that one six of the US economy tracks back to everything that happens at US hospitals. Like that's a good thing. Imagine if we get the same or better outcomes for less money how many more resources we'd have to pay people better and invest in more productive industries. Fund vital societal needs, that kind of thing. So that's the action. The reaction is the Indiana State legislature is working on a bill to lower hospital spending by taxing excess facility fees and in extreme cases, taking away their state tax exemption. This has been a focus in Indiana for a while because the rand studies are that commissioned by the state, just show how out of whack hospital prices are. So action and reaction physics applied to healthcare. Here we go.

Burda:
Yeah. Never thought I'd see Indiana being considered a bellwether state. So that's interesting. Thanks Dave. And thanks Julie. That is all the time we have for today. If you'd like to learn more about the topics we discussed on today's show, please visit our website@4sighthealth.com. You also can subscribe to the roundup on Spotify, Apple Podcast, YouTube, or wherever you listen to your favorite podcasts. Don't miss another segment of the best 20 minutes in healthcare. Thanks for listening. I'm Dave Burda for 4sight Health.