

4sight Health Roundup Podcast
How MAGA's Attack on DEI Will Impact Healthcare 3/6/25
Transcript

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, March 6th. Daylight savings time begins on Sunday. We spring ahead an hour. I'd like to spring back to November 5th, 2024 and redo the election. I think we'd have a much different result after this complete and utter disaster. One of the countless disasters has been the rollback of DEI initiatives. That's diversity, equity, and inclusion. Of course, on today's show, we're going to talk about how that rollback is affecting healthcare with Dave Johnson, founder and CEO of 4sight Health, and Julie Murchinson partner at Transformation Capital. Hi, Dave. Hi, Julie. How you two doing this morning?

David W. Johnson:
Living the dream in living color.

Burda:
Alright then. Thanks, Julie. How are you?

Julie Murchinson:
I'm in rainy Boston, but spending time with a bunch of payers focused on AI and got to hear from Micky Tripathi last night, so it's been a good couple days.

Burda:
Alright, that sounds great. Thank you. Now before we talk about DEI and healthcare, let's talk about daylight savings time. Dave, does springing ahead an hour throw off your biological clock and if you could repeal it, would you?

Johnson:
In my first year of graduate school, daylight savings came during exams and I totally freaked out because I hadn't factored in the lost hour into my schedule. But if it were up to me, I'd make it daylight Savings time year round.

Burda:
Yeah, you like the extra daylight. That's great. Julie, how about you? Are you a fan or critic of daylight savings time and why?

Murchinson:
Oh my gosh. When you live in a place where sun really matters, I love daylight savings time. That extra hour and just going longer into the day makes me super happy.

Burda:
All right. Two for two. I think we're three for three here because I'm a fan because it gives me an hour of extra daylight when I'm fishing and the fish are biting. It's not any more complicated than that. I'm a pretty simple man. So what is complicated is DEI and healthcare in the wake of the new administration's anti DEI agenda. We're going to do a little something different on today's

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show and that's dispensed with me sharing the top line findings of a new reporter study that we would talk about. We're just going to get right into it. Dave, where do you think the administration's anti DEI agenda will have the biggest impact in healthcare? How do you think various sectors of the industry will react and what can private sector healthcare do about it?

Johnson:

Well, first, let's acknowledge the whiplash. The Biden administration made health equity and access its signature issue under CMS administrator Chiquita Brooks LaSure. Now, their principal vehicle for driving this strategic priority was to require more regulatory reporting by hospitals on DEI topics. We have talked about that several times over the course of our podcasts. And knowing me, you know I didn't think that was very effective way to actually increase access and improve outcomes for marginalized communities. But nonetheless, a very different direction from the new Trump administration. The programs and initiatives including the social vulnerability index are simply going to go away. It's going to be much harder to get information. I'll give you an example on the information front this week. I was trying to find the fact sheet that the Biden administration prepared in February, 2023 when they agreed to let state and local governments use American Rescue Plan monies to buy down medical debt. That was a very bad idea, but nonetheless, I couldn't find that fact sheet. And I think the reason is that program disproportionately benefited low income, black and brown people. So the ability to find and use government information to promote DEI or even understand what's happened is already significantly reduced. The most directly affected group will be those seeking gender affirming care. Now that was already under attack, it's accrual policy, 20 plus states have already restricted access. That will probably increase. I was exceptionally disappointed to see NYU Langone in New York City along with many other hospitals, cancel gender affirming care effective February 1st. They clearly don't want to want to run afoul of the Trump administration. At the same time because of this whole flood the zone approach that the Trump administration is taking. Just from a peer outcomes impact, I'm as worried as I am about DEI. I'm even more worried about access to abortion services and the pending Medicaid cuts, all of them together will have a devastating effect on low income communities, low income people, and particularly women. I saw this post that I thought was entertaining. Although sad at the same time. It was quoting from Shrek saying, we understand that many of you will die, and that's a sacrifice I'm willing to take. Right? Feels like the attitude of the Trump administration right now, these are sacrifices they're willing to take even though it's going to cause real harm and deaths. So back to big picture, we can't count on the government any longer to be a top-down forcing function to promote DEI. So going forward, those of us who care about this, we'll have to promote it in a bottom up kind of way. And I don't think it takes a genius to recognize that diversity works. I don't know. 15 years ago when I was running Health and Higher Ed at BMO, we had an outside consultant come in to do team building and they gave us this instrument. It was called TAIS, the attentional and interpersonal survey. It looked at the way we made decisions, our cognitive styles, what were our triggers, where did we put our attention, that kind of stuff. And what the consultant did was he divided us up into groups and we did the scavenger hunt all throughout downtown Chicago and it was investment bankers. So it was really competitive. And my team finished second just to let you know that. But the team that finished first, and nobody would've predicted this by the people that were on the team, was the one deliberately chosen to have diverse cognitive styles as measured

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by this TAIS instrument. Every other team was like-minded, was assembled to include like-minded or people with similar cognitive styles and the diverse team absolutely blow us away. So diversity works. I think going forward, since the government can't tell organizations to be less diverse, it's important in a bottom up kind of way to demonstrate that diverse teams in the broadest possible ways, outperform non-diverse teams. So for now, I think until the dust settles a bit, it's more of a bottom up attempt to just do the right thing and demonstrate it's the right thing by just being better, faster, smarter than competitors. And honestly, what I worry about most with the United States of America right now is just how unhealthy the country is, and we need the broadest, most diverse inclusive of strategies, initiatives, and so on to get us all healthy together. So we got plenty of work to do.

Burda:

Yeah. Yeah. Just one big 404 error right now. Thanks Dave. Julie, any questions for Dave?

Murchinson:

Yeah, Dave, great comments. And Burda, I can imagine you couldn't even listen to Trump's speech this week, but in Trump's speech, the quote he gave was, our country will be woke no longer. Wokeness is trouble, wokeness is bad. Yet the FDA was asked to stop using words like woman and disabled and elderly in external communications, and then of course told that that was misinterpretation. So a lot of confusion out there, and I think a lot of Trump voters probably don't think of elderly necessarily as DEI. But if you were a chief health equity officer today hired in the last decade to really help increase our diversity and inclusion, how would you lead through to the other side of this chaos?

Johnson:

Yeah, I don't think Trump's speech is going to go down as one of the greatest state of the union addresses of all time. I particularly liked how he once again said God had called on him to save the country. But to your question, Julie, I wouldn't be in a hurry to enact any permanent policy changes. This is a very fluid environment. I'm not even sure the administration knows what day of the week it is. They're moving so fast, so things are going to settle down a bit at some point. Also, they're just a whole host of legal challenges that have to play out that will influence this arena. So first and foremost, I wouldn't be in a hurry to enact new permanent policies. And as I just said, governments can't tell health systems to be less diverse. Diversity is, as I just said, again, is a good business strategy. So if I were in this role, I'd keep doing what I had been doing, what the organization had been doing to build and develop the most inclusive and capable work environment and teams possible. Now, having said all that, I'd also probably keep as low profile as I can. The last thing you want to do is get the attention of this administration cause they come after you, but the Bible says this too shall pass.

Murchinson:

I knew it.

Burda:

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Let's hope so. Thanks Dave and Julie, you are right. I could not bring myself to watch it. Instead, I watched, I had told Dave, I watched a documentary on a person who saved modern art from the Nazis great documentary, and I felt I was living in it right now. Okay, Julie, it is your turn. Where do you think all this anti DEI stuff is going to hit healthcare the hardest? How do you think various sectors will react and what's the impact on market innovation, startups, entrepreneurs, investments, et cetera?

Murchinson:

Listen, I believe that words matter and they matter because you both know this better than anybody. Words help us connect with each other and share and evolve. I've given a lot of thought to the words health, equity and diversity and inclusion lately. And I really want to be an optimist here because best case scenario, the new administration's just trying to downplay this woke word, right? Maybe we've overused it. Okay, let's re-stabilize around what matters. And if we have to kill the word woke to help us move forward, I think I can get myself there. Worst case scenario though, as Dave, you were sort of alluding to the new administrations removing words that defund very important efforts and take away human rights and literally prematurely kill people. And I think that might be the path we're on. And what concerns me most about rolling back DEI is personalized health. And I am one of those believers that personalized health can actually help control costs in the long run, and obviously reduce variation in care and just waste in general. But how do we get to personalization without studying the impact of different people? And we all know these disparities type two diabetes impacts Black and Latinx and higher rates than white Americans. Non-white Americans with kidney failure are referred transplants at lower rates and wait longer. I even just saw a study around MS medications that are literally much less effective for Black patients than white by a large margin. So we all know these, the list goes on. So we need diverse representation in clinical trials full. But of course, if the FDA can't use the word woman or disability, likewise, we need to reinstate a committee that Trump just disbanded that was meant to identify and reduce systemic barriers for people of color, LGBTQ and rural Americans in disparities of health because their differences actually really do matter. I just don't know how we personalize without continuing to more deeply understand what's happening with people. So I'm really trying to be an optimist. Burda, jumping way down off my soapbox, you asked about the impact on innovation and startups and entrepreneurs, and I was saying I heard from Micky Tripathi and Brian Anderson, who's a CEO of CHAI last night, and strong tenor of the new administration having no interest whatsoever in new policy or regulatory framework, certainly as it relates to AI as being our discussion. But in general, so that means that the private markets absolutely have an opportunity here and will step in, and some of that will be in ways that are unproductive and some could be quite productive, and a little shakeup is always good for innovation. It probably creates as much opportunity as it blocks yesterday's progress us. But when I look at different types of businesses, there are services business out there that are focused specifically on L-G-B-T-Q or the trans community or the Asian population or women. And these models could be challenged in the short term, but they could also see a boon from the new administration's interest in value-based care, for instance. There could be something there. There could be some interesting plot twist that shifts from models like that targeting populations that unquote matter to understanding the personalized needs of different people. Maybe we could combine interests here to get there. I do think, however, that if you're in the life science world

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right now, your world is rocked with what's going on with NIH. It just seems like an entirely new level of chaos impacting research and development. So that's concerning. But honestly, most of the innovation community is reacting much like the large players in right now, from kind of a posturing perspective. Be careful, lay low, stay out of harm's way, just like Dave said, but I hope that's temporary. And if they're smart, they're going to find the real words to describe the most efficient and effective care for patients and for the people frankly who matter to their business. So maybe we just need to find some new words.

Burda:

Yeah, yeah, lay low. Don't bring attention to yourself. What's the next thing? Hiding in your basement. Thanks, Julie. Dave, any questions for Julie?

Johnson:

Yeah, retribution is mine. So says the president. Julie, I loved your point about the ability or the opportunity for the tech community to innovate and take control of this. We've got a version of that going on generally with ai, unlike most other major technological innovation, this one isn't being driven by the government, it's being driven by the private sector, and that has pros and cons associated with it. But one of the pros is it really can move faster and meet the marketplace where need is the greatest. So I'm going to take your comment as a positive sign, at least for today, but I did want to double down with you a little bit on how you started on language because language does matter. And the Trump administration's initiatives, while very clear and I think going in the wrong direction, are part of a broader anti DEI societal movement. He's planted seeds in soil that's got some nutrients in it. So that being the case, how would you rebrand and or reposition historically DEI initiatives so they gain broader acceptance when society over?

Murchinson:

Oh God, so hard. First, I think people think about DEI as being about everyone who's not them, largely black and Latino people, I think is maybe what people think. But DEI has impacted plenty of white males, veterans, disabled patients. I mean, they come in all races and gender groups. So you're right, Dave, we do have a branding problem. And because I'm so focused on personalized health, maybe there's something in there I don't really know what I would do if Trump got elected by focusing on people's absolute self-interest. Then maybe, and I really am not sure I believe this, but just work with me here for a second. Maybe we need a brand diversity and a more self-interested way, way. Do you really want the same care as every average Joe American or as those people? Is that really what's best for you? No. You want the best personalized care for you because you're a special flower. I don't know. I mean, we've lost our way for caring about the people and trying to make sure that we're bringing everybody along. So maybe we can turn the script on personalization to be a more kind of self-interested thing. I mean, I don't really believe that, by the way, but there's something funny there. I guess maybe I need some coffee, but it's going to take serious leadership. We haven't seen in a long time to cut through this noise to not really what's right, but to figure out what the right words and the right branding are to help us all get back to connecting and sharing and evolving. I'm concerned.

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Johnson:

Well, Julie, I love that episode of Saturday Night Live where they're playing Black Jeopardy, and Tom Hanks comes on with his MAGA hat and gets all the answers. And what it shows is that rural America and inner city America have enormous amounts in common. And that's why I like this idea of how do we all get healthier together? And trying to frame it that way, maybe, but who knows? Anyway, it's....

Murchinson:

It's much better than taking people apart. Like my idea. It just feels like that's what's working today.

Burda:

Yeah, y'know if I ran a healthcare company, I doubled down on DEI from an employment standpoint and an intellectual capital standpoint. Dave, you're right. Diverse teams do excel, and at some point in the future, it'll be my company left standing when all the dust settles. Okay, let's talk about other big healthcare news this past week. It wasn't all bad, was it? Maybe it was Julie, what else happened that we should know about?

Murchinson:

Well, I have two small things that relate to our topic today that are important to people like me. First is researchers identified a gene that may help slow brain aging in women while hallelujah, because I could use it. And a study found that women with postpartum depression experience brain changes during pregnancy. And I wasn't impacted by this, thankfully, but I know so many people who were. And that's really a striking finding. So God, we need this research.

Burda:

Yeah. Yeah. We need to know what we don't know that. Dave, what other news is worth mentioning?

Johnson:

Well, Julie, that last finding really is interesting. We are just learning how our body operates at the molecular level every day. And I think it has enormous promises. Well, I never do this, Dave, but I'm going to highlight a 4esight Health publication that came out this week that exposes the undue medical debt company, the one McKinsey Scott has funded to the tune of 130 million. And our federal government has funded too, that their program supposedly to relieve medical debt is a charade. They're buying back debt that hospitals had already deemed uncollectible and we're going to write off. And so I encourage our readers, if you want to see this exposed, go read the piece. It's called "[Undue Duplicity, the False Promises of Phantom Debt Relief.](#)" You heard it here first.

Burda:

That's a great headline. What a shell game. Right? I know. Good piece. I highly recommend it. Thanks Dave. 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

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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.