The Future of Healthcare Technology Roundtable

Special Edition | COVID-19

The Future of Healthcare Technology Roundtable Series assembles insights from five important cohorts; Innovators, Physicians, Executives, Payors and Policy Makers, to discuss emerging trends and opportunities in today's healthcare environment. We hope to enlighten, inform, and provide thought leadership through this five-part written forum.

The Future of Healthcare Technology Roundtable Series is produced by Hyr Medical (www.hyrmed.com) and Axuall (www.axuall.com), both located in Cleveland, Ohio.

Hyr™ Medical

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Message from Axuall and Hyr Medical CEO's

Manoj Jhaveri

"It's hard to believe that is was only on March 11th that the CDC and WHO announced that COVID-19 is now considered a pandemic. Things are changing so fast and massive dislocations are occurring across the social and economic fabric of the entire world. I wanted to hear from healthcare providers, innovators and executives on the front lines who are fighting this pandemic. I felt it important to share with others what they have learned about the healthcare system in the United States, both good and bad. And finally, I wanted to share their unique perspectives on how this crisis will accelerate healthcare innovation and result in lasting, structural changes. I hope you extract insights from this piece that you not only share with others, but also use to inspire some of your own work in healthcare.

Charlie Lougheed

In many ways, healthcare will be the future of work. It is not only critical to the well-being of the public and its economy, but it also represents a sector where automation alone will not soon replace jobs.

Healthcare is a people business, and the 8.5 million healthcare workers in the U.S. today are being stretched thinner every day. Massive shortages are predicted across critical areas, including physicians, nurses, and home health aides. And when qualified clinicians are found, the process of credentialing, privileging, enrolling takes over 100 days on average to complete. This manual and duplicative process involves physicians completing forms, collecting their credentials, and then health systems verifying every piece of that information with all the sources of it (e.g., medical school, license agencies, etc.). It's a 20th Century process trying to operate within the demands of a 21st Century environment.

Among the many things that COVID-19 has reminded us, one that stands out is the fragility of our healthcare system; particularly its human resource capacity and agility. There is widespread agreement among our healthcare leaders that we must have better tools to identify and verify skills, qualifications, and credentials in real-time so clinicians can be deployed without delay.

For most of us, the most important document we have is our resume. Securely digitizing this document, as well as the third-party verifications of the qualifications contained within it, will have a profound impact on the World's ability to put smart people to work faster to solve its most pressing problems.

Charlie Lougheed is the CEO of Axuall, a workforce intelligence network that utilizes digital credentials to help healthcare organizations optimize human capital.

Meet the Special Roundtable Participants

Faris El-Khider MD

Chief Clinical Officer

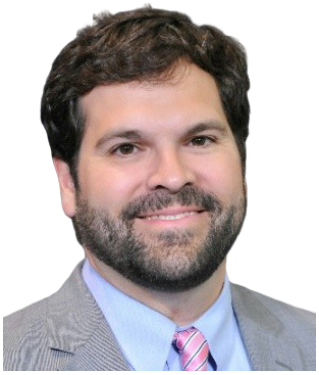
I have been in health care industry in 3 different continents since the mid 2000's. I completed my internal medicine training at Detroit Medical Center / Wayne State University, where I also served as Chief Resident, then Associate Program Director and Assistant Professor. During that time, I obtained a Master of Science (MS) focused in Clinical Research Design and Statistical Analysis from University of Michigan, then joined Cleveland Clinic as a gastroenterology and research fellow under a grant from National Institutes for Health (NIH).

I am co-founder and Chief Clinical Officer at Hyr Medical, an online platform that connects doctors and hospitals for freelance work. Check it out at hyrmed.com.

Khalid Dousa MD

Infectious Diseases Fellow and Research Scholar

Khalid M. Dousa is an Infectious disease physician and research scholar in Cleveland. He underwent laboratory training focusing in antimicrobial resistance and novel therapies. He is part of clinical COVID19 response team.



Joseph Johnsey

Chief Medical Officer

Experienced Medical Director with a demonstrated history of working in the hospital & health care industry. Strong healthcare services professional graduated from University of Mississippi School of Medicine. Extensive leadership history and graduate of Auburn University with an MBA.

Blake Squires

Founder & Managing Partner

Blake has helped his past companies earn several awards for the top workplaces in Northeast Ohio and a coveted spot on Inc's 500 Fastest Growing Companies. Above all these accolades, Blake is most proud of the fact that the companies he founded and successfully exited still employ thriving teams right here in Ohio

Blake moved back from his hometown of Cleveland to co-found Everstream Inc, a streaming media and analytics company. Blake then co-founded Findaway, the makers of PLAYAWAY® preloaded devices. Blake became a partner in Hatch which invests in and help entrepreneurs maximize their ideas. In mid 2011, Blake founded and became CEO of Movable. Movable's platform combined wearable technology and SaaS platforms to help people move more. In early 2016, Blake founded DoctorsOrders a platform serving medical suppliers which was sold to Cardinal Health in early 2018. At the same time Blake, along with a few fellow clinical partners, founded GeneratorWorks with the mission to bring consumerism to healthcare through several products including Queue, GetOn Health and RelyOn Health.

Q: What have you learned about the US healthcare system as it grapples with the COVID-19 outbreak?

Faris El-Khadir MD

The COVID-19 pandemic revealed that there is an enormous potential in the US healthcare system that can be unlocked with the right policies and regulations, such as those we are seeing now with the newly implemented state of emergency. Massive public health initiatives with concerted and coordinated efforts from federal, state and local agencies have been implemented to limit the spread of the disease, such as travel and density control measures. Innovation and research from bench to bedside also received a jolt with collaboration between government, industry and academic centers into basic science, translational and clinical research. We have accelerated adoption of telehealth, and workforce mobility including licensing and credentialing across states to improve healthcare delivery to patients. And most importantly, we learned that this is a nation of resilient, generous people from all walks of life and all industries, who have the will and capacity to come together to fight for common cause.

Blake Squires

Our healthcare system unfortunately is not set up for mass pandemics, as evident in the supply shortages which are occurring even though we are barely scratching the surface on upcoming affected. Furthermore procedures to ensure the health and safety of staff needs to be improved. Also in the age of digital tools more can be done to treat patients outside of the healthcare physical system and at home. And/or preparing the patient for intake. A component of this is lowering the barriers as we've seen with telehealth requirements being lessened due to COVID-19. The technology is out there to continue to expand whether surveys and AI, telehealth, even in to patient transparency tools such as financial understanding upfront along with clear quality metrics. That all said, personally I am amazed and grateful for the healthcare workforce on the front lines, putting their lives at risk to care for others.

Joe Johnsey

I think a couple of things have impressed me thus far. First the systems and hospital partners I am fortunate to work with have been actively planning for several weeks in case the events we are now seeing occurred. Further they have continued to adapt those plans on a daily basis. There has been nothing along the lines of this is how we do things here, rather the opposite has been true. These organizations have been looking outside and trying to find new and innovative ways to tackle the problems and address this crisis. The fluidity of change is impressive. Secondly, the cooperation from all segments of the clinical teams has been amazing. Everyone is seeking out knowledge and information about the disease and how to best address it. The entire healthcare team is looking out for the team instead of just showing concern for their discipline or service. It is truly collaboration at its best thus far.

Khalid Dousa MD

As the US new cases and admissions toll from COVID-19 continues to rise, hospitals and health care facilities are preparing for massive influx of patients seeking medical care and testing. Social distancing measures were applied to most of the US cities in an attempt to decrease the rate of this influx of patients ''flatten the curve". Infection rate slowdown will help hospitals to prepare and summon resources to face the expected peak of the COVID19 infections in next 2-3 months. Looking at the current availability of ICU-Ventilators, PCR COVID19 testing, medical staff and personnel, personal protective equipment's (PEE) send an alarm of exposing the gaps of most US hospitals supply-demand chain. Based on recent statistics 28 million person under the age of 65 do not have public or private insurance in the United States. Uninsured people and those with fewer resources are considered extremely vulnerable population as only testing is currently covered. The psychological and financial impact of quarantine of patients in the hospital add to the challenge of treatment of these patients.

Q: What structural changes from a workforce, technology, process and policy perspective do you think will result from COVID-19?

Faris El-Khadir MD

This pandemic has a devastating effect on the US healthcare, the economy and the American way of life. Healthcare institutions limited patient access to clinics and hospitals. Telehealth integration is prioritized and virtual clinic visits increased up to 10x in some healthcare systems within just a few days. The IT capacity had to be scaled rapidly with renegotiating licensing, increasing and testing bandwidth constraints, and repurposing old equipment to meet the sudden surge in demand. On another hand, some policy changes provide an opportunity for a "natural experiment"; a quasi randomized study to infer the true effect of an intervention, by comparing the effect before and after the policy implementation. We can examine the effect of an intervention such as expanding virtual visit or mobilizing workers from any state, or a potential lockdown, on the cost, and on healthcare utilization. We're testing the limit of the US healthcare system and I suspect that many of those changes will stay beyond the current COVID-19 pandemic.

Joe Johnsey

We are seeing a number of states relax licensure requirements and allow for very broad use of telehealth. We are seeing the payors in healthcare approve payment for telehealth (at least on a temporary basis) that would have taken months or years to develop. I hope that this widespread use of this platform will prove its value, not just in times of crisis, and spur is to a new "norm" of healthcare delivery. I hope that the forced embrace of telehealth will promote more and unique opportunities for the provision of healthcare. What I mean is, we have needed more specialist participating in care in our rural healthcare facilities. Now that we are realizing the need to utilize all of our healthcare resources, like our rural hospitals, to their maximum capacity, I foresee a future where this utilization continues. That more expansive use of specialities in the rural settings will help change the economics of many of those facilities that are currently struggling in the current healthcare paradigm. It may also revolutionize the "side-gig industry", by allowing specialists to market themselves to multiple rural facilities on their own terms and from the comfort of their own homes or offices.

Q: What structural changes from a workforce, technology, process and policy perspective do you think will result from COVID-19?

Blake Squires

In healthcare, a hopeful rapid deployment of more solutions and technology to reach patients where they are... removing the physical interaction with the healthcare workforce. Policy and compliance play a role, as do walls and barriers with older silo and single tenant systems (EMRs). Interoperability and integration walls really need to come down, and I believe they will - fast. There are incredible people working on incredible solutions that can radically change healthcare, yet all traditional stakeholders need to embrace these opportunities vs sticking with the status quo, typical vendors and antiquated systems.

Khalid Dousa MD

Utilization of health care providers has been a challenge so far during the COVID-19 outbreak and elective surgeries and non-urgent procedures have been cancelled. This crisis has left many physicians (surgeons, radiologists and dentists) who are well capable and willing to provide medical services to needy COVID-19 patients with their "free time-stay at home". The absence of a clear plan and strategy on how to engage and utilize the physicians of these specialties is a waste of man-power resources. Training of all health care medical specialties and strategies for abrupt engagement will become a priority for most healthcare institutes.

Education about response to outbreaks in medical schools and residency programs will become an integral part of education and training. Through simulations, software designers and engineers will create a simulation program that can train health care providers on how to respond to outbreaks and disasters. This has been proven to be effective. In addition to Public education that will be incorporated in school curriculums. One important aspect is technology utilization, we have seen during this outbreak many clinics have cancelled face-to-face visits, but some have resorted to using tele-visits. While the impact of the cancellation of clinic visits or usage telehealth on quality of care provided is unknown, health care should nonetheless be modified to utilize tele-health and eliminate unnecessary hospital visits to minimize exposure. For this to be successful, physicians and patients need to be trained and educated on these new measures. Policies regarding emergency preparedness, provision of fund to the CDC and NIH, and the return of white house pandemic office with full authority will be implied.

To participate in future roundtable discussions or to share your thoughts about these conversations, please contact:
Heather Kramer, HJK Digital: **hkramer2011@gmail.com**