THE WEALTH FROM HEALTH PLAYBOOK

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The Dramatic Path Forward in Healthcare Spawned by the Covid-19 Pandemic

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"To understand the actual world as it is, not as we should wish it to be, is the beginning of wisdom."
—Bertrand Russell

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ACKNOWLEDGMENTS

Five years ago, our CEO of RWJ Barnabas Health-Jersey City Medical Center, a large urban hospital in the most densely populated county in New Jersey, advised me that the former Deputy Commissioner of Health, Susan Walsh, MD, was available to hire for our fledgling Population Health Initiative. He spoke quite highly of her so, naturally, I called her and we agreed to meet to discuss a possible position to head up our effort in this initiative. She remembers, I think fondly, of the meeting, in which I apparently described her later to colleagues as "collegial," though I rarely use that word in my day-to-day conversations, as it is a little formal for my taste. Anyway, her biggest concern was whether there would be enough on her table to keep her busy. I assured her that would not be an issue and, after reading this book, I will let you answer that yourself.

To say that working together with Sue has been the highlight of my career would not be doing it justice. Though some people might think me a "visionary" or "delusional", Sue never wavered in her support and, more importantly, in her uncanny and highly professional ability to implement any solid idea into a *fait accompli*. Sue's adroitness continued to display itself by her assembly of the Wealth from Health team, whose marvelous work matched their wealth of kindness and empathy for the patients in our various initiatives.

Special thanks to Kwaku Gyekye, whose abilities and quiet fortitude kept our group humming and functioning at the highest of levels at all times and whose knowledge of the federal bundled payments (BPCI, Medicare) and Delivery System Reform Incentive Payment (DSRIP, Medicaid) programs kept those projects always hitting their marks. To Louis Alerte, who I admired the moment he entered the office for his interview for his statistical knowledge at the outset, but later for his limitless creativity and teaching ability. Louis almost singlehandedly assembled our Healthcare Leadership and Innovation curriculum that became a runaway success. Both men have an extremely bright future in healthcare administration.

Below is a list of our Wealth for Health team, which for the longest time was directed and supervised by one of the most capable nurses I have ever had the privilege to know, Ms. Jennifer Morales-Carvajal. Only later to be succeeded beautifully by Ms. Sharnia Williams.

Jobs well done, everyone, to which the national Hearst Healthcare Innovation Award (finalist), and Gage Award (Innovation Winner for America's Essential Hospitals), and state-based N.J. Population Health Hero Award all attest.

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INTRODUCTION

The name **Wealth from Health (WfH)**, simply addresses a reality I observed both early in my medical career as a physician and personally. No matter who you are, without good health, all the money in the world pales in comparison, and that is the paradox. Suffice it to say that the older one gets, the more one becomes acutely aware of this fact. All our efforts through the Wealth from Health initiatives aim to emphasize this point repeatedly; to illustrate it, we reward all efforts at self-management with credits that are redeemable by rewards. These rewards are dwarfed, however, by the true "wealth" we all desire: good health. There are those who think that healthcare delivery is the same for all Americans, when it's obvious that is false. Perhaps they choose to believe such an absurdity because it satisfies their political talking points or assuages their guilt. But that still doesn't make it true, especially when a global pandemic debilitates the U.S. healthcare system and is responsible for an overwhelming number of deaths.

There remains no question that the COVID-19 pandemic of 2020 will provide the monumental shakeup and future road map for the healthcare industry. How can it not? The pandemic has threatened to last until a vaccine is developed and possibly beyond, while other viruses are certain to emerge as well, tragically. But the American people boast a long history of turning what appears to be a catastrophic occurrence into something positive. Necessity does indeed become the mother of invention.

The simple truth is that our healthcare system was severely dysfunctional years before COVID-19 reared its deadly presence and required a major overhaul. The discussion among the politicians continues to revolve around who pays for it and its affordability, certainly important issues. However, understanding how the system is woefully out of step with the wants and needs of the American people is crucial to getting its new infrastructure correctly configured.

During the "Great Pause" as this period has been labeled, I began to perform telemedicine consults through the Teladoc network and experienced an eureka moment, an epiphany, if you will. In a medium that I have been advocating for two decades, I have already performed hundreds of video and telephone consults for conditions commonly seen in an office setting (approximately 25% have been COVID-19 related). My studied observations are as follows:

1. Using telemedicine is a game changer because it is so easy for both the patient and the provider. (The Cleveland Clinic, for example, in Ohio was on track to complete more than 60,000 telemedicine visits for March 2020, up from 3,400 visits/month before the pandemic.)[1]
2. Telemedicine is cost effective for the patient and highly convenient—with an average wait time of just four minutes.
3. The technology is quite functional, including e-prescribing, downloading/uploading pertinent images, and using best-practice guidelines, for example.
4. Physical contact and potential contagions are avoided but the personal touch, interestingly enough, is still preserved.
5. It addresses overuse, misuse, and underuse of healthcare dollars by instituting standardization and consistency, the lack of which has led to a monumental waste of resources ($1 trillion per year).[2]

[1] David Cutler, PhD, et al., "The Business of Medicine in the Era of Covid-19," *JAMA* (May 1, 2020).

[2] Jackie Kimmell, "The 7 key factors driving $1 trillion in wasteful health care spending," Advisory Board (October 25, 2019), https://www.advisory.com/daily-briefing/2019/10/25/ihi.

6. People desire quick results with solutions that put a premium on their time, interests, and quality of life.
7. Telemedicine sets the stage beautifully for full practice transformation. See Figure 1 below.
8. It's the perfect conduit for sharing best practices and new ideas more effectively.
9. It creates a platform for dovetailing a number of other innovative initiatives outlined in this book.

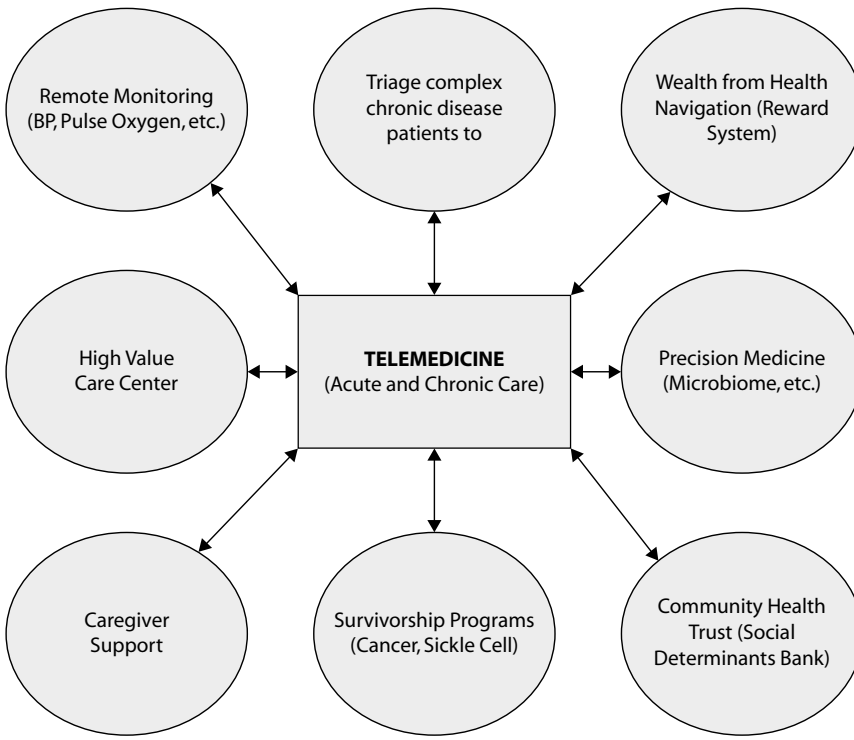

Figure 1: Telemedicine Platform.

What has changed?

Employers are primarily concerned with where one can get their best work done. Healthcare institutions are employers, as well as providers, and, without a doubt, face-to-face interactions through telemedicine

have exploded and will become an expanding fixture from now on. Our society has suffered greatly from isolation and so much more so since the pandemic. Face-to-face interactions arranged in a few minutes have proven to be a godsend and are certainly amenable to effective diagnostic and management reasonings. Though I am a firm believer in a good physical exam, Osler's advice that "a patient is telling you their diagnosis" is so very true in most cases. There is a need for increased responsiveness by clinical professionals to the community, especially the harder hit communities of color that are disproportionately affected by the pandemic.[3]

So many current systems of medical practice will be replaced by those administered by more pragmatic practitioners of medicine who will have to be creative, exploratory and geared toward problem solving to stay competitive. There is also a need for new career development paths for providers earnestly seeking fresh skill sets to apply their knowledge postpandemic and in the new normal.

Facilities will only succeed now if they can cut through bureaucracy to ramp up quickly and become deluged with new business at comparable reimbursements to office visits that existed before the pandemic. There is a need for long-term expansion initiatives that include new services and remote monitoring connections as well. A true public health connection and widespread safety protocols with consistent and effective consequences for violations is crucial.[4]

Providers will need to become "aware of supply chain resiliency" and understand where products are sourced to "gain early insight into shortages and disruptions."[5]

As far as the handling of the COVID-19 pandemic itself: "The crisis demanded a response that was swift, rational, and collective. There was

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[3] Tracy Brower, "5 Predictions About How Coronavirus Will Change The Future of Work," *Forbes* (April 6, 2020).

[4] Ibid.

[5] Peter Antall, MD, *Modern Healthcare* (April 20, 2020).

no national plan—no coherent instructions at all; families, schools, and offices were left to decide on their own whether to shut down and take shelter. When test kits, masks, gowns, and ventilators were in desperately short supply, governors pleaded for them from the White House, which stalled and then called on private enterprise, which couldn't deliver. Civilians took out their sewing machines…"[6]

We are not a third-world country, my friends. Yet, we have been so consumed, even overwhelmed, by mediocrity in our healthcare that we continue to seek leadership from individuals who are devoid of goals or fresh ideas. Healthcare represents the epicenter of such tepid reactive rather than proactive bold steps!

Oliver Munday asks, "Do we trust our leaders and one another enough to summon a collective response to a mortal threat? Are we still capable of self-government? The reform of the Obama years, important as they were—in health care, financial regulation, green energy—had only palliative effects." He further points out that "the gross inequality of our healthcare system is evident in the sight of refrigerated trucks lined up outside public hospitals."[7] This was, is, and will always be unacceptable.

With over 50% of elective surgeries eliminated during the worst of the pandemic, it is safe to say that a percentage of those individuals will conclude that perhaps they weren't necessary in the first place or become so frustrated by the backlog they will abandon such surgeries altogether.

Additionally, millions of Americans who live from paycheck to paycheck (perhaps up to 78% of all Americans) will further eschew any healthcare, whatsoever, because their limited funds must go toward food, shelter, and utilities and not necessarily in that order.[8] Not to mention the already existing high deductibles that keep so many away from healthcare.

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[6] Oliver Munday, "The Coronavirus Revealed America's Failures," *The Atlantic*, (June 2020).
[7] Ibid.
[8] Zack Friedman, "78% Of Workers Live Paycheck To Paycheck," *Forbes* (January 11, 2018).

Healthcare employment, despite the pleas for more providers, will be drastically squeezed as the traditional moneymaking enterprises have been broadly reduced; rural hospitals, small practices, and overall healthcare jobs will undoubtedly fail due to markedly reduced revenues. Those left standing will need to consolidate and drive up prices while insurance provided by many "soon to be bankrupt" companies will go away.

Seniors in assisted living facilities and nursing homes are being decimated by COVID-19, which will lead to more seniors deciding to age in place rather than reside in these "petri dishes."

On the positive side, our experiences with COVID-19 will be responsible for requiring, not suggesting, the game-changing transformation in healthcare that so many of us have been clamoring for so long. Due to the length of this prolonged "time-out," coping behaviors will have become ingrained in our daily lives, challenging the status quo and demonstrating the silver linings.[9] That is true change. And I am not speaking of just how to *pay* for healthcare, but how to fundamentally *restructure* its delivery for decades to come. Residual social distancing, heightened fear of the unknown, and increased savings for future rainy days are just a few societal changes easy to predict. Others are also as predictable and important for the healthcare industry to keep in mind, but are by no means exhaustive:

1. **Telehealth and telemedicine** is engaging, well run, effective, and a significant answer to accessibility, cost, and navigation.
2. **Remote workforce**. It is clear that a significant number of patients can be seen by using video and phone consults from anywhere, including home-based offices. Though I have been espousing this for almost twenty years, it has taken a pandemic to make it a widespread phenomenon. The savings to the system will be astronomical, and the issue of access will soon dissipate for most people.

[9] Jonathan Manis, "There'll Be No 'Back to Normal' for Healthcare Once the Covid-19 Crisis is Over." *Modern Healthcare* (March 30, 2020).

3. **Social networking**, meaning the coming together of communities to help each other, is exactly what we have accomplished with our Wealth from Health Community Health Trust prior to the pandemic, offering a tremendous value.
4. **Progressive, real-time communication, coordination, and collaboration tools** enabled by increased Internet capacities, raise serious doubts about the overriding need for expensive brick-and-mortar facilities, the so-called "edifice complex."
5. **Remote clinical observation and disease management** make it clear that a large percentage of the 100 million Americans suffering from chronic disease(s) can be managed quite effectively remotely, making telemedicine and telehealth game changers. The complex patient with severe comorbidities will still be seen and followed in the office as appropriate.
6. **Medical intervention by exception.** The American people are learning that many of the complaints they typically brought to the attention of their providers can be self-managed, one positive by-product of the pandemic. However, we need to know whether more serious issues were not addressed due to the fear of contracting the virus at the office or emergency room.
7. **Self-service diagnostics and self-care.** The advantage of establishing testing sites and the ability to deliver diagnostics in this way will have tremendous long-term ramifications.
8. **Payment and reimbursement concessions.** Clearly, the government cannot continue to call for concessions only on the part of insurers, providers, etc. The issue of large deductibles will go away because this technology is so affordable.
9. **Artificial intelligence (AI) and informational chatbots** identify opportunities to integrate experiences of practicing physicians into the implementation of best practices—a natural for real-time studies.
10. **Predictive analytics and knowledge management** is an area of statistics that deals with extracting information from data and using it

to predict trends and behavioral patterns, such as through AI and predictive modeling. The new healthcare world will need to rely on these abilities more and more.

11. **Top-of-licensure clinical practice** simulates an all-hands-on-deck approach on a regular basis, asking each provider to perform all duties specific to their credentials and are kept busy by doing so. The number of patients utilizing this is huge, although seniors and caregiver utilization will need to be encouraged.
12. **Ubiquitous access.** The 24/7 availability, using present and future technologies, will lead to more relaxed statewide-only licensing.
13. **Cross-industry collaborations.** All aspects of healthcare delivery are not only on the table, but will need to show overall cost effectiveness and utility in new models.
14. **Innovative care models.** Reengineering how care is delivered, by whom, and where is fundamental to this transformation.

Unlike the HIV epidemic of the 1980s, today's scourge is worse, in many ways, due to the ease of transmission through respiratory droplets that can also remain viable on inanimate objects. Frankly, the COVID-19 social distancing is more complicated than for HIV, which centered on sexual activity, protection, or abstinence in high-risk populations, including intravenous drug users. Furthermore, COVID-19 appears to be able to create permanent pulmonary scarring and death. (The eradication of HIV in a patient is another issue altogether.)

Additionally, we have heard, at the time of this writing, that the economic effects of the coronavirus pandemic on Americans includes mass joblessness, widespread bankruptcy, tarnished credit, and so forth: an Armageddon the likes of which we have never seen before. Although many experts agree we will emerge from this deep, deep quagmire a battered and bruised society, but, hopefully, wiser.

The Republican view to "trust the markets" for eliciting change hasn't worked well during the COVID-19 pandemic and never works

in a crisis. The healthcare field has long been in crisis, and the pandemic has simply made it worse and more glaring. Joseph Stiglitz, the 2001 recipient of the Nobel Prize for economics, states: "We've been running our entire society without spare tires and proud of the seeming efficiency we have gained. And never prouder than in the healthcare sector. After all, this is part of how we can give huge profits to the health insurance and pharmaceutical companies."[10]

In a crowded world of 7.8 billion people, where the environmental issues are not seriously being addressed and no global public health mechanism is truly apparent, it should not be much of a surprise that obscure animal viruses are now a clear and present danger to human beings. The list: SARS, MERS, COVID-19, H5N1, H7N9, HIV, Ebola, arenaviruses, Nipah, Chikungunya, and Zika … is just the beginning. There will be others. The human species takes millions of years to effect a single species mutation, whereas these viruses do so in just a few days. How can we win against them? We must do better. There remains no other path or alternative; we must rise to the occasion now. Cartoonist Walt Kelly quipped years ago: "We have met the enemy, and he is us."

We can, for the first time in my nearly seventy years on the planet, define a new normal before the marketers define it for us. Get rid of the bullshit, and only bring back what works for us, what makes our lives more meaningful, what makes our children safer, and what makes us proud.

We start by determining:

- How we choose to spend our family time on nights and weekends;
- What we watch;
- What we listen to;
- What we eat;
- What we choose to spend money on;

[10] Joseph Stiglitz, "The View :The Markets are Failing Us," *Time* (April 20, 2020).

- Which local community efforts we support;
- Which organizations we support;
- What truths we tell and gravitate to those leaders who tell them;
- What events are worth attending;
- Who we give power to;
- What we will sacrifice for cleaner air;
- What choices must we make if we want a simpler life; and
- What effort are we willing to put toward fixing a fractured health-care system.

When our beloved country figures out the best times to "reopen" different businesses and events, we will undoubtedly hear: "Can't wait to get back to normal," or "I want to feel normal again." Julio Vincent Gambuto in his article *Prepare for the Ultimate Gaslighting* stated: "Every brand in America will come to your rescue, dear consumer, to help take away that darkness and get life back to the way it was before the crisis.… find the consumer's problem and fix it with your product. Brilliant marketers know how to rewire your heart."[11]

Please believe me when I categorically state: *This is not the case with the Wealth from Health initiatives we describe herein.* Especially since we are very much aware of how our individual and collective hearts have been traumatized and that we are so very vulnerable as a society, not to mention all the other countries ravaged to different degrees by this insidious virus.

Americans are now disheartened, scared, and yes, depressed. Let's look at some other facts that have surfaced during the prolonged "time out period" Only 400 people own more wealth than 150 million people.[12] The air over Los Angeles has been much cleaner without as many cars

[11] Julio Vincent Gambuto, "Prepare for the Ultimate Gaslighting," *Medium* (April 10, 2020).

[12] Mary Papenfuss, "400 Richest Americans Own More Than 150 Million Of The Nation's Poorest: Study," HuffPost (February 11, 2019) https://www.huffpost.com/entry/400-richest-own-more-than-150-million-poorest_n_5c60f627e4b0eec79b250c34.

that it is almost unrecognizable. Our healthcare system, touted as the best in the world, cannot provide basic protective equipment for its front line. Small and even large businesses do not have enough cash on hand to pay their employees or their rent. CNN reported that, as of June 4, 2020, nearly 43 million Americans have filed for unemployment benefits during the pandemic.[13] A government that has claimed credibility issues concerning our media means that 300 million people don't know who to go to for the necessary facts to save their families and their own lives.

That we are a nation with large, disquieting problems is clear. However, our busy lives often don't give us the time to think about anything other than making a living, looking at our computers/smartphones, and sleeping. But we *do* care about each other when we allow ourselves to feel. Most white Americans care very much about the plight of black Americans; most men do care about women's rights; most human beings do care about the environment; and most policemen care about the communities they serve. And yes, healthcare professionals do care about their patients' welfare.

As Jamie Ducharme of *Time* magazine points out her article "COVID-19 Is Largely Sparing Kids. Doctors Are Stumped" on April 6, 2020: "The gulf between people who can and cannot afford to seek out good care will become even more apparent. The country's most vulnerable populations…are the least likely to stock up on groceries and hunker down inside, less likely to have the means to safely travel to a doctor's office or can afford to work from home." Many work in service-focused jobs that puts them at increased risk for infection. The gap will undoubtedly widen as "the unemployment rate rises and individuals will have less access to health insurance. If healthcare is in high

[13] Anneken Tappe, "Nearly 43 million Americans have filed for unemployment benefits during the pandemic," CNN Business (June 4, 2020) https://www.cnn.com/2020/06/04/economy/unemployment-benefits-coronavirus/index.html.

demand and short supply, wealth will play an increasingly ugly role in it," continued Ducharme.

When the smoke clears after the worst of this pandemic, I feel quite certain that our country will have changed and learned a great deal. People will have gotten used to a new economy in which doing without in some areas will have become habitual (i.e., shopping online for groceries). New healthcare interventions (i.e., rapid, randomized clinical trials and telemedicine services) will become the rule. Working from home, rather than renting expensive office space may become the norm as businesses see how efficient this shift will be. What better time to promote a true health equity and the substantial changes outlined here "while the iron is hot"? After all, we see what speed and alacrity can be achieved when a crisis emerges.

Lastly, one of the untold effects of this pandemic is the disastrous effects of loneliness and isolation on so many people forced into lockdown alone. Many decades ago, I remember attending a Jim Fixx symposium on heart health. Jim Fixx was a famous marathon runner who had been a long-time smoker before stopping and taking up running. (Unfortunately, he had sowed the seeds of coronary artery disease before seeing the light and died of a heart attack at only fifty-two).

His son continued his legacy with this conference in his name, and one of the lecturers dealt with the effects of fear, loneliness, and grief on the heart, which can lead to sudden death from heart failure. The syndrome was later identified as "Takotsubo syndrome," of which I have seen many patients whose stressful situations led to an outpouring of catecholamines (commonly known as epinephrine or adrenaline and norepinephrine or noradrenaline) into their systems. These chemicals, subsequently, cause a spasm of the coronary arteries that lead to major heart dysfunction and, in some cases, death. So when an elderly patient loses a spouse, it is not altogether unusual for the living spouse to pass away soon thereafter, presumably from loneliness and grief (a so-called "broken heart") that represents this syndrome.

That is why the Wealth from Health navigation system (discussed in later chapters) is so valuable both now and in the future. One of the most consistent messages from our over 4,000 participating patients is that they "did not feel alone" in handling the over fifty different healthcare and social determinant tasks confronting them. By the way, managers of programs like Lifeline can attest to the fact that the overwhelming number of calls are from individuals, mostly elderly, who just want someone to talk to and do not have any current acute problem.

While hospitals have, traditionally, centered their business models around inpatient services, the coronavirus pandemic has shown us that while they are great places for the truly sick people, other locales and professionals will suffice for many others without a downturn in results. We must be ready and embrace this *new normal*. To quote Bob Dylan: "The times they are a changin".

Douglas Ratner, MD