THE COMBUSTION CHRONICLES

Episode 101

BRIDGING THE DIVIDE IN HEALTHCARE

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Host

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Guest

Shawn [00:00:01] Welcome to the ninth season of The Combustion Chronicles podcast, where bold leaders combine big ideas to make life better for all of us. I'm your host, Shawn Nason, CEO of OFFOR Health and founder of MOFI. This season is all about amplifying the voices of badass women leaders in the healthcare industry who are influencing change by thinking big, putting people first, and not being okay with the status quo. Experience matters, Culture matters, and revenue matters. That's why it's time to unite, to ignite a people-first business revolution, especially in industries that affect all of us through healthcare. Dr. YiDing Yu is a practicing physician and serial entrepreneur passionate about transforming the way we deliver healthcare. She currently serves as the chief medical officer and chief product officer at Olive, an Automation and Intelligence Company bridging the divide in healthcare. Prior to Olive, YiDing was chief medical officer at Varada Health until Varada's acquisition by Olive in 2020.YiDing also founded and served as CEO of Twiage, an award-winning healthcare tech platform for emergency responders which she also successfully exited. An international keynote speaker, She has headlined events for Elle magazine, Cartier, the American Medical Association, and the American Heart Association. Welcome to The Combustion Chronicles YiDing.

YiDing [00:01:43] Thanks so much Shawn, it's great to be here.

Shawn [00:01:46] It is so awesome to have you. And holy cow I now understand more than ever why you claim this title and identify as a serial entrepreneur, which is not common for doctors. So what is it about entrepreneurism that fuels you and made you claim this title as a serial entrepreneur?

YiDing [00:02:10] For me, it's this is the famous Gandhi quote that really comes to mind. Be the change you wish to see in the world. And as an entrepreneur, you can envision the future you wish to see and actually see it come to life. It's the absolute most exhilarating feeling to watch your brainchild come alive, watch it grow, even watch it evolve beyond what you might have imagined and see it all in the world sometimes you can touch it, you can see other people use it. You can see how it impacts patients, which for me as a physician is so meaningful. I say this as a founder and a creator. So I think it's but I think it's also true for the dreamers who join a startup or an early company

because you can help bring those solutions if you believe in them into the world. Being a part of the entrepreneurship ecosystem means that you can have so much impact in a very short period of time. And that's what I find so addicting about it.

Shawn [00:03:09] I love it. And what inspires me about what you just said to us is you're not just someone in healthcare who says we need to make change and then does nothing about it, right? And so you use that quote that so beautifully said that you decided, no, I'm going to be the change. I need to be that change and I need to make it happen. In your bio, you lead with being passionate about how we deliver healthcare, which as we both know, is no simple task, because in my opinion and I'm sure in your opinion, that's why you're a serial entrepreneur. Our healthcare ecosystem is just broken, right? So what's at the core of the brokenness in the healthcare industry?

YiDing [00:04:01] I've been thinking about this question because you're so right. I've been thinking about this for two decades. Many more spent even more time thinking about what's wrong with U.S. healthcare. But, you know, it always comes back to the same foundational problem I see, which is that there are misaligned incentives between patients, providers and payers. Health insurance here really distorts the market. Patients want care, but they're shielded from the full cost of care in most cases, and their agency is really limited. We treat patients like children. They have to mother maybe if they want an MRI and even if their doctor says, yes, you should get an MRI, I will allow you to have an MRI. Then they have to say, Health insurance company will you pay for my MRI? Do I have an allowance? There's really no other industry where we treat a patient or a human being or like the consumer with such levels of infancy where we take so much decision-making away from them. So they, as the consumer, have so little ability to influence the market. Then you have providers, doctors like me, and we want to provide care to our patients. We want to do things and selfishly, we want to get reimbursed well for that. And that then gets into the third player in this market. And those are the payers, those are the health insurance companies. And of course, they want to pay as little as possible and they also to control costs. They want to take care to only care that they believe is strictly necessary. Right. So every group has a different set of aligned incentives. And as you can imagine, the people who hold the purse strings

have the most leverage. That's the health insurance companies. And with been created over decades and decades are these layers and layers of bureaucracy. And that creates two profound effects, in my opinion. The first is it creates this incredible friction to get care right. We experience this all. And just my example about just getting an MRI is a good example of that. But the second really insidious effect is that those layers of bureaucracy impact our ability to actually solve and make change. And so any change means disrupting layers and layers of dependency that's built into the system. So it feels like this giant Jenga puzzle, right? You want to make that one single thing. How are you going to undo all the other things? And that means that providers are reluctant to change because they could be at risk for payments. Insurance companies are resistant to change. And so when I think about it as an entrepreneur and I want to make a change, I think about how and I saw this Jenga puzzle and actually do something when I've got layers and layers and layers of bricks piled on top of it. So I think that's really at the crux of what's broken and what we have to understand before we go about trying to make change.

Shawn [00:07:04] So you had a magic wand. What is the first thing you say that has to happen to bring change?

YiDing [00:07:12] If I had a magic wand, the first thing I would do is solve for the patients. I want to empower patients. We have to allow patients to have more agency, more autonomy, and more decision-making capacity. And maybe right we know that that's not going to be the thing that patients face the full brunt of all costs because healthcare is just too expensive in a moment of life or death, when you're having a heart attack, you can't coupon shop. Which cardiologist is going to fix your heart rate? So we know that healthcare is unique and so consumers are going to be a little bit unique in healthcare. But I fundamentally think that first and foremost, patients have to be allowed to vote with their feet. They have to be allowed to choose and reward health insurance companies and doctors with their business because that is the best incentive that we have in the free market. And I think that we're seeing some parts of that right When you see really market-driven companies, some of the CVS or Walgreens, these companies that have very large retail arms, and they found that if I can build a loyal

patient customer base with my walk-in clinics or with my vaccine programs, maybe they'll spend more at my drugstores. And that brings a sense of revenue rates to their incentivized to make that experience as wonderful as possible, because then they'll spend more at a CPAC or more at Walgreens. And in traditional clinics that doesn't happen, right? You want to do right by your patients, but building patient loyalty doesn't necessarily generate more revenue. So it's hard to find the economic incentives to do that Well, when all the reimbursements are being controlled by the health insurance company. If we can break that cycle and give patients the ability to choose, then there is more and more pressure placed on providers and health insurance companies to do the right thing and start competing for these consumers which makes other industries efficient.

Shawn [00:09:12] And you're preaching to the choir here. But I worked for a major payer early on in my healthcare career, actually, is what took me into healthcare, was working for a payer and then have to have the honor you were talking about CVS and Walgreens and our team at MOFI have the honor to help bring to life what today is known as Wal-Mart Health in the early stages and 2018, 19 and 20. And this whole agency of how do you look at a patient as a consumer? How do you look at the customer? Because like you said, customer loyalty built into a hospital doesn't necessarily mean revenue. Customer loyalty is built into a CBS, a Walgreens, a Wal-Mart, or whoever is trying to do it. But at the same time, I'm going to go out on a limb here and want to talk about the beast that happens in this and what your opinion around it is. Those models are set up almost in more traditional urgent care models. Right. So we also know that it's very hard to make urgent care profitable. And so I know when we worked at Walmart and did some of that work, it was really about whether could you get people in the door to obviously increase what they call their basket self, Right? Because then could you get them into the store and that's where the money is going to be made, not necessarily in the healthcare space. So this is a huge beef. How do you even begin to transform it in such a way? Like, what's the first step that we need to do? Because we can say payers need to get out of the way. The reality of peers isn't going to get out of the way. Right. Providers, you're a doctor. You said you want to be paid well for your care and you deserve to be paid well. Let me also say that because some people would

say differently, but I'm going to say you deserve to pay. Well, all of this transformation comes around the dollar, this beast, where it's the starting block to start to tear down this transformation and payment.

YiDing [00:11:32] God, I wish I had an easy answer if there was one. Probably be there. I think there is. I've been following the policy debates for many years, and obviously, there are some camps, right? Who believe in. We just dramatically need a change to single-payer or nationalize or do something radical. We had to radically change health insurance and how we pay for it. That could be, But I think it also will create its own host of challenges, because even then you still have to figure out how to ration care, and how you set payments, right? So I think there are strong benefits and impossibly increasing access to care, but you're also going to have other challenges. So let's just not like kind of anchor on that and say, Oh, that's your magic one. I think it is a beast, as you say. And unfortunately, to take down a beast, this is going to be a many-arrows approach. We've got to pick at so many different aspects of it. And there's a couple areas where I think for any innovator, for anybody who is in the system and looks at this beast and says. How could I do anything? This is futile. I know nothing. Nothing's ever going to change. I would say you're wrong. We have to go after the low-hanging fruit. We have to go after this in many different ways. And in those small areas, we will impact the care for the patients. We will impact what that means for the patient experience. And it might feel slower than we'd like, but there's no easy panacea for you. There's no silver bullet here. What I think a great example of this is. There's been a problem in the last ten years, an increasing focus on the pain of prior authorizations, patients, providers, and health insurance. Now, UnitedHealthcare came out and said, starting this month, we are going to reduce the number of prior authorizations by 20%. I mean, states are passing laws on this. Clearly, this is the big pain point when I think about why do it. This prior authorization even exists. It's a mother may I?It's saying the doctor says I should get this treatment and then you ask for reimbursement and then the insurance company says, All right, Doctor, do you think Shawn should get this treatment? And it's funny because the doctor would say, well, I ordered it for Shawn. I thought I made that clear. But it's it's it's this next step to prove it a little more time. And when you actually look at it, when you actually look at the numbers going into something like Ira, what you'll see is

that between 90 to 98% of the time patients will get that care approved. And for things like radiology, like CT scans and MRIs, it's close to the upper nineties. If things like surgeries, which are in the lower nineties. But there is. Really on average like 90 plus percent. So that means out of ten patients, you're asking doctors and patients to jump through hoops nine out of ten times. So you can catch maybe one of them who you might prevent. And we can solve this with technology. So one of the things I've done with AI is to say Shawn has been suffering from, let's say, back pain for months. He's done everything right. He's taken his therapy. He's done some conservative medications. He's taken the Tylenol and ibuprofen and he's done his exercise. We've tried everything we need to get a back MRI now because it's absolutely indicated. And nine out of ten patients are in that spot when they get a back MRI. They already have done everything. You don't need to have them wait any longer. All the records are in the H.R.. They're all electronic MRIs. And we've developed this A.I. at Olive we can actually say we just read through all of your chart at once because computers can read it instantly and then see all the documentation in there. We can prove that all the documentation is there. So you don't need to fax, you know, a bunch of clinical notes over to Cigna or United Healthcare, and you don't need a nurse to manually read those notes. We can tell you right now that, you know, Shawn has done everything right. His doctors have done everything right. And you should approve it right now. Technology like that can make point of care authorizations. And so you're still satisfying. Let's say the insurance companies need to make sure that we aren't being wasteful. But you can do it in a way that doesn't give more work to the patient or the provider. And there are pockets where this is already live, but this is being ruled out. And when you can implement this, then you've actually solved it for those patients. Now we just have to do it for more and more patients and more and more health plans. But there are examples like this, and there's probably examples of patient payments and there's other examples in the revenue cycle. Unfortunately, we're just going to have to find areas where technology can radically cut through some of the bureaucracy. That's how I think realistically we have to go for it. It's just not possible to take a submarine knife and cut through all the layers.

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Shawn [00:17:31] And I love it because I love your approach where you are talking about the mother may I? I went through last year stage three colon cancer, and my oncologist wanted me to have a PET scan. But before I could get the PET scan, I had to get the CAT scan. I had to get the MRI because of that whole bullshit around pre-op. Right. You have to go through this process when you're the oncologist. He's the trusted source. So you were right up my alley with that one. So you're talking about tons of innovations. And in your career, you've launched so many and scaled a number of innovations. Can you tell me what's been your favorite innovation that you've ever gotten to work with and why?

YiDing [00:18:16] So that's like asking, which one is my favorite child? I think it's so hard because there's so many amazing ideas, amazing people I worked with to bring these ideas to life. Obviously, something that is really special to me is my first startup, Twitch, where I was just a resident in training and came up what I would call a stupidly simple idea. I mean, this was the simple idea is just use a smartphone to send better information to hospitals during an emergency. I mean, they're ubiquitous. Why can't we do it? Why were we doing it? Why are we, like, radioing these people and just calling people over the telephone or over the radio lines like that doesn't make any sense. You can send photos, videos, all these stuff securely, just with that little square thing in your in your pocket. So it's an example of what I love about it was just it was sample of taking existing technology and applying it to a use case that can dramatically impact patient care. We we saved on average 14 minutes during a stroke and a heart attack for patients. And when you think about that. Right.

Shawn [00:19:32] Holy cow.

YiDing [00:19:34] Yeah, You're having a hard time having a stroke. And because your ambulance was able to send information to the hospital, your hospital was ready the moment you got there, nobody said. What's your name and date of birth? They say, I know who you are. Let's get you into the city scanner. Let's get you into the cath lab is lifesaving. And so what I love about that experience is realizing that you don't have to have a master's degree in machine learning and all this crazy AI to make a profound difference in patients' lives and improve access to care. Sometimes it's just asking, why don't we do this? And challenging the status quo and fighting through it. And so now the technology is huge across the country. And we've impacted so many patient lives, and I'm so excited that it lives on. It continues to be used right by first responders. That's really special to me. And now, right now I am focused on a different part of healthcare. I'm in the deep in the revenue cycle for healthcare systems and they are struggling. They are losing money. They're they are dealing with massive burnout and turnover of their staff after the epidemic. They are in so much financial trouble and here we're solving it. I'm so excited about this because we're actually measuring clinical data and the ability to read clinical data with AI and matching it with financial data and outcomes like claims and eligibility and and what actually happens on the financial system. And seeing if I can marry the two, then I'm essentially doing what health insurance companies are doing. And I'm saying, should this care be paid for and is it reasonable? And historically we've always done financial analysis on the finance side and we've done clinical on the clinical side. Being able to bridge that divide I think is going to be radical. And I'm super excited about what we'll do in that space by connecting those points of disconnected data.

Shawn [00:21:39] So there's such great stories, both of them, and I'm really excited obviously right now that there's so much talk about AI and ChatGPT-4 and this AI and what it can do and I'm always from a mentor of mine learned this years ago on how do you have high tech and high touch at the same time and how do you use technology as an enabler not the answer to get the care that you need and sounds like that's what you guys are doing. So we use this terminology a lot called maverick-minded and human-obsessed in my world. In your bio, the words that stuck out to me the most is this term where you say bridging the divide in healthcare, which is what all of is doing.

What exactly do you mean when you talk about the divide in healthcare and what needs to happen for us to really bridge that divide? I know we've gotten lots of examples, but let's talk specifically about bridging the divide.

YiDing [00:22:44] As you can probably tell, there's many, many potential divides. I think the divide that we most frequently talk about all of is the divide today between providers and payers. And it could not be a larger chasm today. Unfortunately, today I think what we hear from our provider organizations is that they just struggle to get paid. They are battling insurance providers for reimbursement rates, they're battling their denials. And there appears to feel in many ways, whether it's real or not, but this is their perception that sometimes they're just getting denials because it feels as if they're being challenged to see how many of they of them they can work and overturn. And even though most of them will get a return, it's almost if I overwhelm you with denials. You just can't possibly get to all of them. So I'll I'll sneak by some some cheap shots. And I know this is a very cynical view. Ray, if you were listening from a player, you'd say, that's actually not what we're trying to do. But unfortunately, that's the view of the providers that such a cynical view of this world, it feels so adversarial. And I'm an optimist. I'm also a pragmatist, but I'm a real optimist. And I don't think that people who sit and work for an insurance company or work for a pair are evil. They're not They're, you know, rubbing their hands together, thinking about how do I screw over the providers and my patients. I don't think that's happening. And I think what really what we try to do at Olive is to say, how do I bridge this divide? By ensuring and helping provide organizations get paid appropriately, get paid quickly, and and minimize the time that they spend just worrying about getting payments so they can focus on patient care rights, focus on the high touch elements that they're really trained to do. So one of the examples of where we're really investing and so we we have technology across the revenue cycle. And what I saw when I looked across the revenue cycle was how disjointed it was. So when you think about a patient's experience, their healthcare, and you talk about Shawn, about your your experience in healthcare recently, you realize like you probably get scheduled for appointments and then maybe a day or a couple days or maybe even weeks later, you see that doctor, that doctor refers you for a scan or maybe another scan, and then you actually get scheduled for the scan and you actually go get that

scan and you get bill scan. And meanwhile, a couple of weeks later, you get some bills. So in your mind, you would have viewed that all as I saw the doctor and I got a stand that seems like maybe two touches. But in the revenue cycle it is segmented into probably ten, 11, 20 different interactions, multiple eligibility checks to make sure your insurance is still active. Oh, yes, there was a scheduling. There was the prior authorization. There was a referral check to make sure there was a referral. Oh, and every single billable procedure got billed and they got billed separately. And so when you look at the financials for a healthcare system, they can't see your episode of care. They only see financial data at a claim level and they see eligibility data at the eligibility level and federal data at the commercial level. And yet, if you resolve this, I really believe you have to link all the data together. It makes sense when you connect it. And so it all we've worked to be able to match all the data. So from Sean, your first scheduling and the first time they check and verify your insurance too, when you actually see the doctor couple's day later to the prior authorization for that MRI to actually getting the MRI and the bill for that MRI, we can link all those interactions and say that was one episode of CARE. That was one set of encounters. And when you think about it all here, where you actually missed a couple of things, you might you might have missed a prior offer, you might have missed an eligibility check, or you have to miss a coding element. We can show that to you. And when you give people that context, they can see a lot more of a story and be able to actually solve for things better than if you just narrowly looked at data and said, Well, what does a denial data tell me? Because that's what we've been doing for decades in healthcare and we've reached the limit to how useful that is. The next step is connecting disconnected data, and I think that will hopefully really revolutionize the way revenue cycle automation and revenue cycle AI is going to be reliant on that type of rich episode-wide data.

Shawn [00:27:24] You make my heart sing because of everything you just talked about, right? And yeah, I'm probably a little cynical, too, and I worked for payer, but I do think that they just go through like and pick and say, we're going to deny this claim. Blows my mind. So you're speaking my love language there. So. All right. So this season, I'm loving this season already where we're diving in with women and leadership executive and healthcare and we added something different this season. We're doing this two-minute drill. And we use how might we statements all based on our methodology and

mindsets of human-centered design of how might we solve a problem. And so it's been really fun asking these questions, and you and I for 2 minutes just kind of jamming an idea around something. So I actually have my little stopwatch here and timer set for 2 minutes and I'm going to read a how might we statement and I'm going to let you lead on ideating, how you might solve this problem. And you're serial entrepreneur and you're creative. So I can only imagine how fast your stuff off here. But of course we put you on the spot and that's always fun. So, here we go. How might we empower more women to become changemakers in the healthcare industry? Go.

YiDing [00:28:59] All right. Well, the first thing first is that women are overrepresented in healthcare. So this is not a supply or a pipeline problem. I think we have to start, especially when you're addressing whether, you know, that women are underrepresented at the very top at boardrooms and c-suites. We've got to focus on mentoring, sponsoring and promoting women. I also think that when we look at especially in in physician world, we look at what female faculty versus male faculty often do. And there is a trend where we also see that women tend to do the kind of volunteer work. They tend to volunteer for certain committees that help the organization, but not necessarily that might help their individual careers where they're not necessarily the ones who are thinking about, Oh, what if I start a new idea or start a new center? They are thinking about, Well, how can I help reduce the burden of work for my fellow colleagues? And it's probably a little bit stereotypical, but it's where many women have historically felt most comfortable asking for or advocating for themselves. Right. The common trope is that women feel comfortable advocating for helping others as opposed to advocating for them. And I think we need to both encourage women to advocate for themselves, to expect women to advocate for themselves. And almost if you are mentoring a woman and you realize that she's not asking for things that you would want her to ask for if she was looking for career growth, if she's looking for leadership, suggest it. I think that is our top thing that we can do in the healthcare industry. I will say, though, I think that tech is so underrepresented by women and we have a hell of a lot to do to change that and the tech sector.

Shawn [00:30:49] I love it. And right at the two minute mark, look at you gave like four great things for our listeners to look at and to think about and ponder on as women. And I loved what you said, and I hope everyone here's what we're talking about. Like, it's it's not that that's unrepresented in healthcare. It's just the representation isn't in all the right places.

YiDing [00:31:14] There is a pipeline. There is the supply. Right. There are talented women everywhere. And it starts at your organization. It has to start with you. This is not a mandate on high. You have to be if you care. You look at it, it doesn't matter what your role is or where you are. You could be a manager, you could be a director, you could be a VP, you could be a CEO. You have the ability to change how leadership looks at your organization.

Shawn [00:31:43] All right. We've come to this point in the podcast. We do this every episode. We're in our ninth season where we do these things called the Combustion questions, and there are three randomly selected questions that a human-robot sent to me, and I am just going to be reading them for the first time as I ask them to you. So are you ready for your combustion questions?

YiDing [00:32:06] Ready as ever.

Shawn [00:32:07] All right. Question number one, If you could fly to dinner anywhere in the world on a supersonic private jet, where would you go? And what would you hope to eat?

YiDing [00:32:19] I'm a foodie. This is so hard. I love sushi. And so I would probably fly to Japan or Tokyo and enjoy like a Michelin-starred omakase say. I love that.

Shawn [00:32:38] Oh, I love it. We're going to have to do that when I hit the lottery someday.

YiDing [00:32:42] Well, that's right.

Shawn [00:32:43] That's right. All right. Question number two. And I'm glad you're a foodie because this is a very important question. We even had this discussion in our home, and I didn't know this question was coming up. Does pineapple belong on pizza or not?

YiDing [00:32:59] Oh, I'm a I'm a strong yes on this one. Hawaii Hawaiian pizza might not be my constant go-to, but I really enjoy it every time I have it. I think that a little bit of sweetness on pizza is a good thing.

Shawn [00:33:12] I just can't get over that. I can't do pineapple Plumpy, you know, unless it's like a dessert pizza. It's got cream cheese and all that.

YiDing [00:33:19] But really? Really, I like the little bit of char on it. I love that.

Shawn [00:33:24] I like charred pineapple, but I just can't. My daughter's a huge Hawaiian pizza fan, so I get it. All right. Question number three. What do you think about fire pits?

YiDing [00:33:36] Oh, I always stop at those solo fire pits, and I always think that I'll want one and I know I'll never use it. So that's probably like top of mind first impression, what I think of fire pits, they seem amazing, but the chances that I'll be outside with like a marshmallow on a stick actually using one is never. So I guess I really just enjoy them when I'm at like a campsite and somebody else has done all the work to get the fire pit ready. But they seem wonderful to have around my home. But I know I'll just never get taken out of the garage.

Shawn [00:34:13] I have two of them at my house and I don't know that we even lit one up this last winter or fall. Well, what an honor YiDing like it's just I'm enjoying the season so much just to hear how powerful women and are doing such amazing things of healthcare and what you're doing at Olive is so powerful. So thank you for sharing your story with our listeners. I'm assuming the best place to get a hold of you if people want to follow you is on LinkedIn and which is how we connected. So thank you so much and be safe and stay well.

YiDing [00:34:51] Thanks so much, Shawn. It's such a pleasure.

Shawn [00:34:54] Awesome. Thanks so much for listening to this episode of The Combustion Chronicles. If you've enjoyed this episode, please take a few minutes to subscribe, rate and review. Remember that I'm always looking to meet more big-thinking mavericks. So let's keep the conversation going by connecting on LinkedIn. If you want to discover more about human-obsessed, maverick-minded leadership, go to mofi.co or go to experienceevangelist.com. To learn more about my mission to challenge leaders to blow up outdated siloed systems and rebuild them with an aligned human-first approach. You can also learn more about OFFOR Health's commitment to reimagining outdated healthcare models at offorhealth.com. As always stay safe, be well, and keep blowing shit up.