WEBVTT

NOTE duration: "01:01:00.1300000"

NOTE recognizability:0.924

NOTE language:en-us

NOTE Confidence: 0.4132323

 $00:00:00.000 \longrightarrow 00:00:03.298$ Started so I thank you all so

NOTE Confidence: 0.4132323

 $00:00:03.298 \longrightarrow 00:00:04.800$ much for being here today.

NOTE Confidence: 0.4132323

 $00:00:04.800 \longrightarrow 00:00:08.552$ I'd like you to join me in welcoming Dr.

NOTE Confidence: 0.4132323

00:00:08.552 --> 00:00:11.320 Manali Patel, who is an associate

NOTE Confidence: 0.4132323

 $00:00:11.320 \longrightarrow 00:00:13.440$ professor of medicine at Stanford

NOTE Confidence: 0.4132323

 $00:00:13.440 \longrightarrow 00:00:15.790$ Medicine and a staff oncologist with

NOTE Confidence: 0.4132323

 $00{:}00{:}15.790 \dashrightarrow 00{:}00{:}19.520$ the VA Palo Alto healthcare system.

NOTE Confidence: 0.4132323

 $00:00:19.520 \dashrightarrow 00:00:22.000$ She earned her medical degree and master's

NOTE Confidence: 0.4132323

 $00:00:22.000 \longrightarrow 00:00:23.746$ in public health at the University

NOTE Confidence: 0.4132323

00:00:23.746 --> 00:00:26.158 of North Carolina at Chapel Hill,

NOTE Confidence: 0.4132323

 $00:00:26.158 \longrightarrow 00:00:29.180$ followed by Internal Medicine residency.

NOTE Confidence: 0.4132323

00:00:29.180 --> 00:00:30.780 Key Monk Fellowship and

NOTE Confidence: 0.4132323

 $00:00:30.780 \longrightarrow 00:00:31.980$ several research fellowships.

 $00:00:31.980 \longrightarrow 00:00:34.660$ In addition to obtaining her masters in

NOTE Confidence: 0.4132323

 $00{:}00{:}34.660 \dashrightarrow 00{:}00{:}37.460$ health services research at Stanford,

NOTE Confidence: 0.4132323

 $00{:}00{:}37.460 \dashrightarrow 00{:}00{:}39.600$ doctor Patel directs a research program

NOTE Confidence: 0.4132323

 $00:00:39.600 \longrightarrow 00:00:41.790$ that focuses on improving equitable

NOTE Confidence: 0.4132323

 $00:00:41.790 \longrightarrow 00:00:44.139$ delivery of value based cancer care.

NOTE Confidence: 0.4132323

00:00:44.140 --> 00:00:46.453 She uses principles of community based

NOTE Confidence: 0.4132323

 $00:00:46.453 \longrightarrow 00:00:48.364$ participatory research in her work

NOTE Confidence: 0.4132323

 $00:00:48.364 \longrightarrow 00:00:49.926$ and is the principal investigator

NOTE Confidence: 0.4132323

 $00:00:49.926 \longrightarrow 00:00:52.620$ of multiple externally funded awards

NOTE Confidence: 0.4132323

 $00{:}00{:}52.620 \dashrightarrow 00{:}00{:}54.705$ such as the California Initiative

NOTE Confidence: 0.4132323

 $00{:}00{:}54.705 \dashrightarrow 00{:}00{:}56.373$ to advance Precision Medicine,

NOTE Confidence: 0.4132323

00:00:56.380 --> 00:00:58.004 the patient centered Outcomes

NOTE Confidence: 0.4132323

00:00:58.004 --> 00:00:58.816 Research Institute.

NOTE Confidence: 0.4132323

 $00:00:58.820 \longrightarrow 00:01:00.896$ And the National Institutes of Health.

NOTE Confidence: 0.4132323

00:01:00.900 --> 00:01:02.620 Her expertise lies in designing,

NOTE Confidence: 0.4132323

 $00{:}01{:}02.620 \dashrightarrow 00{:}01{:}04.252$ implementing and evaluating new

 $00{:}01{:}04.252 \dashrightarrow 00{:}01{:}06.700$ models of care delivery with a cademic,

NOTE Confidence: 0.4132323

 $00{:}01{:}06.700 \dashrightarrow 00{:}01{:}09.988$ community and VA oncology practices aimed

NOTE Confidence: 0.4132323

 $00:01:09.988 \longrightarrow 00:01:13.019$ to improve patient experiences with care,

NOTE Confidence: 0.4132323

 $00:01:13.020 \longrightarrow 00:01:15.348$ clinical outcomes and reduce

NOTE Confidence: 0.4132323

00:01:15.348 --> 00:01:17.094 unwanted health disparities,

NOTE Confidence: 0.4132323

 $00:01:17.100 \longrightarrow 00:01:18.678$ unwanted healthcare utilization

NOTE Confidence: 0.4132323

 $00:01:18.678 \longrightarrow 00:01:20.256$ and health disparities.

NOTE Confidence: 0.4132323

 $00:01:20.260 \longrightarrow 00:01:21.520$ Doctor Patel also serves on

NOTE Confidence: 0.4132323

 $00:01:21.520 \longrightarrow 00:01:22.620$ several national committees

NOTE Confidence: 0.9603804

 $00:01:22.980 \longrightarrow 00:01:25.020$ focused on improving cancer care delivery

NOTE Confidence: 0.868654262352941

 $00:01:25.260 \longrightarrow 00:01:26.372$ and value based care.

NOTE Confidence: 0.868654262352941

 $00{:}01{:}26.372 \dashrightarrow 00{:}01{:}28.924$ She is the past chair of the ASCO

NOTE Confidence: 0.868654262352941

 $00{:}01{:}28.924 \dashrightarrow 00{:}01{:}30.552$ Health Equity Committee and the

NOTE Confidence: 0.868654262352941

 $00:01:30.552 \longrightarrow 00:01:32.920$ current chair of the ASCO serving the

NOTE Confidence: 0.95143515555556

00:01:32.960 --> 00:01:34.292 Underserved Task Force.

00:01:34.292 --> 00:01:36.956 So Doctor Patel will be delivering

NOTE Confidence: 0.95143515555556

 $00{:}01{:}36.960 \dashrightarrow 00{:}01{:}39.960$ the Iris Fisher Lectureship today.

NOTE Confidence: 0.95143515555556

 $00:01:39.960 \longrightarrow 00:01:42.120$ The Iris Fisher Lectureship was

NOTE Confidence: 0.946962533333333

00:01:42.120 --> 00:01:45.040 endowed by Doctor David Fisher in 1999.

NOTE Confidence: 0.9469625333333333

 $00:01:45.040 \longrightarrow 00:01:47.368$ Doctor Fisher has been involved with Yale

NOTE Confidence: 0.9469625333333333

00:01:47.368 --> 00:01:50.108 School of Medicine for nearly 60 years.

NOTE Confidence: 0.946962533333333

 $00:01:50.110 \longrightarrow 00:01:52.035$ He was the first medical oncologist in

NOTE Confidence: 0.946962533333333

00:01:52.035 --> 00:01:53.830 the New Haven community and remained

NOTE Confidence: 0.9469625333333333

 $00:01:53.830 \longrightarrow 00:01:55.886$ in private practice for 30 years

NOTE Confidence: 0.946962533333333

 $00:01:55.886 \longrightarrow 00:01:58.310$ before joining Yale's Cancer Center in

 $00:01:58.310 \longrightarrow 00:02:01.016$ 1993 as a volunteer and full time in

NOTE Confidence: 0.946962533333333

00:02:01.016 --> 00:02:03.812 1995 when Doctor Fisher's wife Iris

NOTE Confidence: 0.946962533333333

 $00:02:03.812 \longrightarrow 00:02:06.430$ was diagnosed with sarcoidosis and

NOTE Confidence: 0.9469625333333333

 $00:02:06.430 \longrightarrow 00:02:08.950$ incurable disease of the heart and lungs.

NOTE Confidence: 0.946962533333333

 $00:02:08.950 \longrightarrow 00:02:10.949$ Treatment decisions were weighed and

NOTE Confidence: 0.946962533333333

 $00:02:10.950 \longrightarrow 00:02:12.702$ balanced against the impact that the rapies

 $00:02:12.702 \longrightarrow 00:02:15.580$ would have on Iris's personal wellbeing.

NOTE Confidence: 0.9469625333333333

 $00:02:15.580 \longrightarrow 00:02:17.715$ It was Doctor Fisher's hope that this

NOTE Confidence: 0.946962533333333

 $00:02:17.715 \longrightarrow 00:02:19.350$ lectureship would serve as a lasting

NOTE Confidence: 0.946962533333333

 $00:02:19.350 \longrightarrow 00:02:21.540$ memorial to Iris while providing an

NOTE Confidence: 0.946962533333333

 $00:02:21.540 \longrightarrow 00:02:23.076$ educational opportunity for physicians

NOTE Confidence: 0.9469625333333333

 $00:02:23.076 \longrightarrow 00:02:25.420$ and staff for the benefit of patients.

NOTE Confidence: 0.946962533333333

 $00:02:25.420 \longrightarrow 00:02:27.012$ We are grateful to Doctor Fisher

NOTE Confidence: 0.946962533333333

 $00:02:27.012 \longrightarrow 00:02:27.780$ for his generous

NOTE Confidence: 0.94931066

 $00{:}02{:}27.780 \dashrightarrow 00{:}02{:}29.000$ support and we are grateful

NOTE Confidence: 0.94931066

 $00:02:29.000 \longrightarrow 00:02:30.220$ for Doctor Patel for delivering

NOTE Confidence: 0.93564257777778

 $00:02:30.220 \longrightarrow 00:02:31.905$ this lectureship today. Please join

NOTE Confidence: 0.93564257777778

 $00:02:31.905 \dashrightarrow 00:02:34.020$ me in welcoming Dr. Manali Patel.

NOTE Confidence: 0.92944707

 $00{:}02{:}38.520 \dashrightarrow 00{:}02{:}40.550$ Thank you. I know Michaela from many

NOTE Confidence: 0.92944707

 $00{:}02{:}40.550 \dashrightarrow 00{:}02{:}43.112$ eons ago and so it's nice to see so

NOTE Confidence: 0.92944707

 $00:02:43.112 \longrightarrow 00:02:45.514$ many familiar faces and also so many new

00:02:45.514 --> 00:02:47.392 faces that I've known more recently.

NOTE Confidence: 0.92944707

 $00:02:47.400 \longrightarrow 00:02:49.560$ And thank you all for joining in person.

NOTE Confidence: 0.92944707

 $00:02:49.560 \longrightarrow 00:02:51.560$ I really want this to be more interactive,

NOTE Confidence: 0.92944707

 $00:02:51.560 \longrightarrow 00:02:54.956$ so please ask questions, interrupt me,

NOTE Confidence: 0.92944707

 $00:02:54.960 \longrightarrow 00:02:57.122$ push it up against the bar.

NOTE Confidence: 0.92944707

 $00{:}02{:}57.122 \dashrightarrow 00{:}02{:}59.089$ I really want you to think outside

NOTE Confidence: 0.92944707

 $00{:}02{:}59.089 \dashrightarrow 00{:}03{:}00.973$ the box and really push me in

NOTE Confidence: 0.92944707

00:03:00.973 --> 00:03:03.079 terms of what I'm presenting today.

NOTE Confidence: 0.92944707

 $00:03:03.080 \longrightarrow 00:03:05.240$ So I'm going to give a brief background.

NOTE Confidence: 0.92944707

 $00:03:05.240 \longrightarrow 00:03:07.283$ Of my work and why we started a lot

NOTE Confidence: 0.92944707

 $00{:}03{:}07.283 \dashrightarrow 00{:}03{:}09.560$ of work and supportive cancer care

NOTE Confidence: 0.92944707

 $00:03:09.560 \longrightarrow 00:03:12.221$ delivery and then I'm going to focus on

NOTE Confidence: 0.92944707

 $00:03:12.221 \longrightarrow 00:03:13.720$ multilevel stakeholder engaged research,

NOTE Confidence: 0.92944707

 $00{:}03{:}13.720 \dashrightarrow 00{:}03{:}15.770$ giving an example in supportive

NOTE Confidence: 0.92944707

 $00:03:15.770 \longrightarrow 00:03:17.000$ cancer care delivery,

NOTE Confidence: 0.92944707

 $00{:}03{:}17.000 \dashrightarrow 00{:}03{:}18.965$ which are aspects of palliative

 $00:03:18.965 \longrightarrow 00:03:21.516$ care and then focus in on the why.

NOTE Confidence: 0.92944707

 $00:03:21.520 \longrightarrow 00:03:25.004$ For me, I love being first.

NOTE Confidence: 0.92944707

00:03:25.004 --> 00:03:27.520 How many of you all love being first?

NOTE Confidence: 0.92944707

00:03:27.520 --> 00:03:28.396 We're all competitive,

NOTE Confidence: 0.92944707

 $00{:}03{:}28.396 \dashrightarrow 00{:}03{:}31.240$ so I know many of us want to be first.

NOTE Confidence: 0.92944707

00:03:31.240 --> 00:03:34.876 I actually don't like being first.

NOTE Confidence: 0.92944707

 $00:03:34.880 \longrightarrow 00:03:37.430$ In the amount that we're spending

NOTE Confidence: 0.92944707

 $00:03:37.430 \longrightarrow 00:03:38.280$ for healthcare.

NOTE Confidence: 0.92944707

 $00:03:38.280 \longrightarrow 00:03:41.995$ And why are we last in terms of

NOTE Confidence: 0.92944707

 $00:03:41.995 \longrightarrow 00:03:43.720$ our spending for social services?

NOTE Confidence: 0.93622824

 $00:03:46.000 \longrightarrow 00:03:48.744$ How many of you all saw this

NOTE Confidence: 0.93622824

 $00:03:48.744 \longrightarrow 00:03:50.870$ over the weekend? NPR. Yep.

NOTE Confidence: 0.93622824

 $00:03:50.870 \longrightarrow 00:03:53.720$ I see some folks saying yes.

NOTE Confidence: 0.93622824

 $00:03:53.720 \longrightarrow 00:03:56.648$ For all that money we are

NOTE Confidence: 0.93622824

00:03:56.648 --> 00:03:58.112 inputting into healthcare,

 $00:03:58.120 \longrightarrow 00:04:00.280$ why are we doing so poorly?

NOTE Confidence: 0.93622824

 $00:04:03.590 \longrightarrow 00:04:04.430$ And many will say, well,

NOTE Confidence: 0.93622824

 $00:04:04.430 \longrightarrow 00:04:06.454$ it's our COVID-19 policies.

NOTE Confidence: 0.93622824

 $00:04:06.454 \longrightarrow 00:04:09.456$ I'm sorry, the trend was

NOTE Confidence: 0.93622824

 $00:04:09.456 \longrightarrow 00:04:12.104$ beginning long before COVID-19.

NOTE Confidence: 0.93622824

 $00:04:12.110 \longrightarrow 00:04:15.134$ And so could it be this longterm

NOTE Confidence: 0.93622824

00:04:15.134 --> 00:04:19.710 shortchanging of social services?

NOTE Confidence: 0.93622824

00:04:19.710 --> 00:04:22.188 And then you look at cancer,

NOTE Confidence: 0.93622824

 $00{:}04{:}22.190 \dashrightarrow 00{:}04{:}25.950$ which is all of our areas of expertise,

NOTE Confidence: 0.93622824

 $00:04:25.950 \longrightarrow 00:04:30.150$ this is completely unsustainable.

NOTE Confidence: 0.93622824

00:04:30.150 --> 00:04:31.950 How many of you all drive on the highways?

NOTE Confidence: 0.947801065

 $00:04:35.430 \longrightarrow 00:04:38.802$ When there's a pothole that comes out

NOTE Confidence: 0.947801065

 $00:04:38.802 \longrightarrow 00:04:41.226$ of the same bucket of congressional

NOTE Confidence: 0.947801065

 $00{:}04{:}41.226 \to 00{:}04{:}43.750$ funding as paying for health care.

NOTE Confidence: 0.947801065

 $00:04:43.750 \longrightarrow 00:04:47.158$ So if utilizing most of the gross domestic

NOTE Confidence: 0.947801065

00:04:47.158 --> 00:04:49.297 product on healthcare expenditures,

00:04:49.297 --> 00:04:52.142 we have limited for other

NOTE Confidence: 0.947801065

 $00:04:52.142 \longrightarrow 00:04:54.510$ social care expenditures,

NOTE Confidence: 0.947801065

00:04:54.510 --> 00:04:57.426 limited funding to fix our roads,

NOTE Confidence: 0.947801065

00:04:57.430 --> 00:05:00.450 limited funding through K through

NOTE Confidence: 0.947801065

 $00:05:00.450 \longrightarrow 00:05:02.098$ 12 education. You name it,

NOTE Confidence: 0.94427896

 $00:05:05.260 \longrightarrow 00:05:06.700$ and despite all this money,

NOTE Confidence: 0.94427896

 $00:05:06.700 \longrightarrow 00:05:09.538$ we are investing into cancer care,

NOTE Confidence: 0.94427896

 $00:05:09.540 \longrightarrow 00:05:11.700$ especially at the end of life.

NOTE Confidence: 0.94427896

 $00:05:11.700 \longrightarrow 00:05:14.580$ We see really horrible care.

NOTE Confidence: 0.94427896

 $00:05:14.580 \longrightarrow 00:05:18.576$ How many of you all have had a patient

NOTE Confidence: 0.94427896

 $00{:}05{:}18.580 \dashrightarrow 00{:}05{:}21.538$ that was unaware of their prognosis

NOTE Confidence: 0.94427896

 $00:05:21.540 \longrightarrow 00:05:23.856$ when they were nearing their death?

NOTE Confidence: 0.913266175

 $00:05:27.500 \longrightarrow 00:05:30.185$ Many of our patients are

NOTE Confidence: 0.913266175

 $00{:}05{:}30.185 \to 00{:}05{:}31.796$ experiencing undertreated symptoms.

NOTE Confidence: 0.913266175

 $00:05:31.800 \longrightarrow 00:05:33.348$ We also see this large shift

 $00:05:33.348 \longrightarrow 00:05:34.600$ and I've heard about it.

NOTE Confidence: 0.913266175

 $00:05:34.600 \longrightarrow 00:05:36.896$ What you all are building here in this

NOTE Confidence: 0.913266175

 $00:05:36.896 \longrightarrow 00:05:39.000$ network is actually quite different.

NOTE Confidence: 0.913266175

 $00:05:39.000 \longrightarrow 00:05:41.744$ But out in the the real world

NOTE Confidence: 0.913266175

00:05:41.744 --> 00:05:42.920 outside of Connecticut,

NOTE Confidence: 0.913266175

 $00:05:42.920 \longrightarrow 00:05:46.660$ we see this huge shift of care from

NOTE Confidence: 0.913266175

 $00{:}05{:}46.660 \dashrightarrow 00{:}05{:}49.496$ community based settings into these

NOTE Confidence: 0.913266175

 $00:05:49.496 \longrightarrow 00:05:52.154$ large hospital conglomerates and then

NOTE Confidence: 0.913266175

 $00:05:52.154 \longrightarrow 00:05:55.073$ we also see tacked on facility charges.

NOTE Confidence: 0.913266175

 $00:05:55.080 \longrightarrow 00:05:59.084$ So not only is care then centralized.

NOTE Confidence: 0.913266175

 $00:05:59.090 \longrightarrow 00:06:02.247$ And away from people in their communities.

NOTE Confidence: 0.913266175

 $00:06:02.250 \longrightarrow 00:06:05.646$ But then it's also more expensive

NOTE Confidence: 0.913266175

 $00:06:05.650 \longrightarrow 00:06:10.530$ for the same product. Fascinating.

NOTE Confidence: 0.913266175

 $00:06:10.530 \longrightarrow 00:06:14.170$ Then my own area of expertise is disparities.

NOTE Confidence: 0.913266175

00:06:14.170 --> 00:06:16.638 We see persistent disparities

NOTE Confidence: 0.913266175

00:06:16.638 --> 00:06:19.009 by socioeconomic status, race,

 $00{:}06{:}19.009 --> 00{:}06{:}19.528 \ ethnicity,$

NOTE Confidence: 0.913266175

 $00{:}06{:}19.528 \dashrightarrow 00{:}06{:}21.085$ demographic characteristics that

NOTE Confidence: 0.913266175

00:06:21.085 --> 00:06:24.689 are largely due to the lack of

NOTE Confidence: 0.913266175

 $00:06:24.689 \longrightarrow 00:06:27.009$ expenditure for social care services.

NOTE Confidence: 0.913266175

 $00{:}06{:}27.010 \dashrightarrow 00{:}06{:}28.850$ That continue across the continuum.

NOTE Confidence: 0.93578097777778

00:06:30.970 --> 00:06:34.327 How many of you all have seen this graph?

NOTE Confidence: 0.93578097777778

00:06:34.330 --> 00:06:37.210 Robin Yaborov, good friend of ours,

NOTE Confidence: 0.93578097777778

00:06:37.210 --> 00:06:39.098 the American Cancer Society,

NOTE Confidence: 0.93578097777778

00:06:39.098 --> 00:06:41.930 I love this U-shaped curve because

NOTE Confidence: 0.93578097777778

 $00:06:42.010 \dashrightarrow 00:06:43.980$ it shows you and I know when I walk

NOTE Confidence: 0.93578097777778

 $00:06:43.980 \longrightarrow 00:06:45.055$ away they're not going to be able

NOTE Confidence: 0.93578097777778

 $00:06:45.055 \longrightarrow 00:06:47.530$ to hear me on zoom, is that right?

NOTE Confidence: 0.93578097777778

 $00{:}06{:}47.530 \dashrightarrow 00{:}06{:}49.980$ But what's wonderful about it is it

NOTE Confidence: 0.93578097777778

 $00:06:49.980 \longrightarrow 00:06:52.649$ shows you this peri diagnostic phase.

NOTE Confidence: 0.93578097777778

 $00:06:52.650 \longrightarrow 00:06:55.596$ There's this huge uptick and uprise.

 $00:06:55.600 \longrightarrow 00:06:58.696$ That coincides with when patients have

NOTE Confidence: 0.93578097777778

 $00{:}06{:}58.696 \dashrightarrow 00{:}07{:}01.720$ the worst experiences with their care.

NOTE Confidence: 0.93578097777778

00:07:01.720 --> 00:07:04.198 So not only when they're becoming

NOTE Confidence: 0.93578097777778

 $00:07:04.198 \longrightarrow 00:07:07.239$ diagnosed and going through the flurry of

NOTE Confidence: 0.93578097777778

 $00:07:07.239 \longrightarrow 00:07:10.880$ activity during diagnosis with treatments,

NOTE Confidence: 0.93578097777778

00:07:10.880 --> 00:07:12.520 but then also at the end of life,

NOTE Confidence: 0.93578097777778

 $00:07:12.520 \longrightarrow 00:07:15.248$ you see this sharp uprise and it doesn't

NOTE Confidence: 0.93578097777778

00:07:15.248 --> 00:07:17.477 matter how long your survival is,

NOTE Confidence: 0.93578097777778

 $00:07:17.480 \longrightarrow 00:07:20.320$ you see this same pattern.

NOTE Confidence: 0.93578097777778

 $00:07:20.320 \longrightarrow 00:07:22.520$ And I think she revised this most recently.

NOTE Confidence: 0.93578097777778

00:07:22.520 --> 00:07:24.200 So the only thing that's changed essentially,

NOTE Confidence: 0.93578097777778

 $00:07:24.200 \longrightarrow 00:07:28.205$ is the Y axis. It's much more expensive now.

NOTE Confidence: 0.93578097777778

00:07:28.210 --> 00:07:30.127 How many of you all know of Don Berwick?

NOTE Confidence: 0.929942463333334

 $00:07:32.450 \longrightarrow 00:07:34.893$ He challenged us in 2008 and said

NOTE Confidence: 0.929942463333334

00:07:34.893 --> 00:07:37.970 he was a medpac commissioner and

NOTE Confidence: 0.929942463333334

 $00:07:37.970 \longrightarrow 00:07:39.410$ thought about these disruptive

00:07:39.410 --> 00:07:41.426 innovations in in, in healthcare.

NOTE Confidence: 0.929942463333334

 $00:07:41.426 \longrightarrow 00:07:45.170$ Why is it that in every other sector,

NOTE Confidence: 0.929942463333334

 $00:07:45.170 \longrightarrow 00:07:47.486$ when a new technology is developed,

NOTE Confidence: 0.929942463333334

 $00:07:47.490 \longrightarrow 00:07:51.288$ the cost come down, you think about

NOTE Confidence: 0.929942463333334

 $00:07:51.288 \longrightarrow 00:07:55.210$ the first iPhone first CT scanner.

NOTE Confidence: 0.929942463333334

 $00:07:55.210 \longrightarrow 00:07:57.406$ But in medicine, it tends to be the opposite.

NOTE Confidence: 0.929942463333334

 $00:07:57.410 \longrightarrow 00:08:00.728$ We're we don't have very many interventions

NOTE Confidence: 0.929942463333334

 $00:08:00.730 \longrightarrow 00:08:03.442$ that achieve this whole triple aim

NOTE Confidence: 0.929942463333334

00:08:03.442 --> 00:08:05.250 of improving population health,

NOTE Confidence: 0.929942463333334

 $00:08:05.250 \longrightarrow 00:08:06.888$ bettering patient experiences

NOTE Confidence: 0.929942463333334

 $00:08:06.888 \longrightarrow 00:08:10.164$ and reducing total cost of care.

NOTE Confidence: 0.929942463333334

00:08:10.170 --> 00:08:12.195 You may see some interventions

NOTE Confidence: 0.929942463333334

 $00{:}08{:}12.195 --> 00{:}08{:}15.409$ that may do 2 out of the three,

NOTE Confidence: 0.929942463333334

 $00:08:15.410 \longrightarrow 00:08:17.570$ but not interventions that

NOTE Confidence: 0.929942463333334

 $00:08:17.570 \longrightarrow 00:08:19.730$ can achieve all three.

00:08:19.730 --> 00:08:22.386 And he challenged us as a nation and

NOTE Confidence: 0.929942463333334

 $00{:}08{:}22.386 \dashrightarrow 00{:}08{:}25.016$ said if we really want to ensure.

NOTE Confidence: 0.929942463333334

 $00:08:25.020 \longrightarrow 00:08:28.740$ That our population is better overall and

NOTE Confidence: 0.929942463333334

 $00:08:28.740 \longrightarrow 00:08:32.380$ that we have some GDP left for social cares.

NOTE Confidence: 0.929942463333334

 $00:08:32.380 \longrightarrow 00:08:35.204$ We really have to tackle this

NOTE Confidence: 0.929942463333334

 $00:08:35.204 \longrightarrow 00:08:37.220$ cost problem in healthcare,

NOTE Confidence: 0.929942463333334

 $00{:}08{:}37.220 \dashrightarrow 00{:}08{:}39.215$ but also think about our interventions such

NOTE Confidence: 0.929942463333334

 $00:08:39.215 \longrightarrow 00:08:41.258$ that we're not decreasing the quality.

NOTE Confidence: 0.86972069

00:08:44.820 --> 00:08:46.300 I know Makayla knows this,

NOTE Confidence: 0.86972069

 $00:08:46.300 \longrightarrow 00:08:49.540$ but community based participatory research?

NOTE Confidence: 0.86972069

00:08:49.540 --> 00:08:53.271 Raise hands if you know this about it, okay?

NOTE Confidence: 0.86972069

00:08:53.271 --> 00:08:55.773 I learned a very critical lesson,

NOTE Confidence: 0.86972069

 $00{:}08{:}55.780 \dashrightarrow 00{:}08{:}59.882$ so I went into medical school at UNC and I'd

NOTE Confidence: 0.86972069

 $00:08:59.882 \longrightarrow 00:09:02.899$ really hoped to be a global practitioner.

NOTE Confidence: 0.86972069

 $00:09:02.900 \longrightarrow 00:09:05.119$ And I went into the traditional medical

NOTE Confidence: 0.86972069

 $00:09:05.119 \longrightarrow 00:09:07.452$ school training and it was right across the

 $00:09:07.452 \dashrightarrow 00:09:09.580$ street from the School of Public Health.

NOTE Confidence: 0.86972069

 $00:09:09.580 \dashrightarrow 00:09:11.660$ But there was little interplay.

NOTE Confidence: 0.86972069

00:09:11.660 --> 00:09:12.350 I love UNC.

NOTE Confidence: 0.86972069

00:09:12.350 --> 00:09:14.079 I'm a Tar hill born, Tar hill bred.

NOTE Confidence: 0.86972069

00:09:14.079 --> 00:09:17.220 When I die, I'm a tar hill dead.

NOTE Confidence: 0.86972069

00:09:17.220 --> 00:09:18.924 But what I hated about medical

NOTE Confidence: 0.86972069

 $00:09:18.924 \longrightarrow 00:09:20.810$ school and what led me to think.

NOTE Confidence: 0.86972069

 $00:09:20.810 \longrightarrow 00:09:22.810$ Whether medicine was really in it for me,

NOTE Confidence: 0.86972069

 $00:09:22.810 \longrightarrow 00:09:24.610$ is this the right career,

NOTE Confidence: 0.86972069

00:09:24.610 --> 00:09:26.870 was that there was this

NOTE Confidence: 0.86972069

00:09:26.870 --> 00:09:29.130 lack of focus on prevention,

NOTE Confidence: 0.86972069

 $00:09:29.130 \longrightarrow 00:09:30.966$ but this huge focus on treatment,

NOTE Confidence: 0.86972069

 $00{:}09{:}30.970 \dashrightarrow 00{:}09{:}32.642$ and I'm going to talk a little bit

NOTE Confidence: 0.86972069

00:09:32.642 --> 00:09:33.952 later about why potentially that

NOTE Confidence: 0.86972069

 $00:09:33.952 \longrightarrow 00:09:35.644$ may be in this consumerist society.

 $00:09:35.650 \longrightarrow 00:09:37.603$ And so I did my master's in public health.

NOTE Confidence: 0.86972069

 $00:09:37.610 \longrightarrow 00:09:40.467$ I took a year off, year off, right.

NOTE Confidence: 0.86972069

00:09:40.467 --> 00:09:42.501 It was actually a very difficult

NOTE Confidence: 0.86972069

 $00:09:42.501 \longrightarrow 00:09:44.640$ year in the public health degree

NOTE Confidence: 0.86972069

 $00:09:44.640 \longrightarrow 00:09:46.370$ space and did my practicum.

NOTE Confidence: 0.86972069

 $00:09:46.370 \longrightarrow 00:09:47.768$ So as part of your thesis,

NOTE Confidence: 0.86972069

 $00:09:47.770 \longrightarrow 00:09:49.604$ you have to write up a practicum.

NOTE Confidence: 0.86972069

 $00:09:49.610 \longrightarrow 00:09:51.834$ And I decided to go back to a

NOTE Confidence: 0.86972069

 $00{:}09{:}51.834 \dashrightarrow 00{:}09{:}53.750$ community that had worked in as

NOTE Confidence: 0.86972069

 $00:09:53.750 \longrightarrow 00:09:55.365$ an undergrad and in Honduras.

NOTE Confidence: 0.86972069

 $00{:}09{:}55.370 \dashrightarrow 00{:}09{:}57.911$ And as one of the key principles

NOTE Confidence: 0.86972069

00:09:57.911 --> 00:09:59.865 of community based participatory

NOTE Confidence: 0.86972069

 $00:09:59.865 \longrightarrow 00:10:02.030$ research is this understanding

NOTE Confidence: 0.86972069

 $00:10:02.030 \longrightarrow 00:10:04.330$ that communities know the problem

NOTE Confidence: 0.86972069

 $00:10:04.330 \longrightarrow 00:10:06.970$ and they also know the solutions.

NOTE Confidence: 0.86972069

 $00:10:06.970 \longrightarrow 00:10:09.970$ And so as researchers and as

00:10:09.970 --> 00:10:11.278 budding medical physicians,

NOTE Confidence: 0.86972069

 $00:10:11.278 \longrightarrow 00:10:13.894$ we always like to do what

NOTE Confidence: 0.86972069

00:10:13.894 --> 00:10:15.718 I call global tourism.

NOTE Confidence: 0.86972069

00:10:15.718 --> 00:10:18.454 Where we go in, we take our ideas,

NOTE Confidence: 0.86972069

 $00:10:18.454 \longrightarrow 00:10:19.550$ hey, we have this great idea.

NOTE Confidence: 0.86972069

 $00:10:19.550 \longrightarrow 00:10:21.430$ We're going to input it in your system

NOTE Confidence: 0.86972069

00:10:21.430 --> 00:10:23.458 and not really knowing if that's

NOTE Confidence: 0.86972069

 $00:10:23.458 \longrightarrow 00:10:25.428$ really what the community needs.

NOTE Confidence: 0.86972069

 $00:10:25.430 \longrightarrow 00:10:27.866$ And so I thought I would really

NOTE Confidence: 0.86972069

00:10:27.866 --> 00:10:29.730 focus on diabetes, food insecurity,

NOTE Confidence: 0.86972069

 $00:10:29.730 \longrightarrow 00:10:32.190$ housing and security in this community.

NOTE Confidence: 0.86972069

 $00:10:32.190 \longrightarrow 00:10:34.675$ But instead I heard from the community

NOTE Confidence: 0.86972069

 $00{:}10{:}34.675 \dashrightarrow 00{:}10{:}37.110$ Members what the main problem was,

NOTE Confidence: 0.86972069

 $00:10:37.110 \longrightarrow 00:10:38.700$ was cervical cancer,

NOTE Confidence: 0.86972069

 $00:10:38.700 \longrightarrow 00:10:41.350$ women dying from cervical cancer.

00:10:41.350 --> 00:10:41.740 Now,

NOTE Confidence: 0.86972069

 $00:10:41.740 \longrightarrow 00:10:44.080$ this was long before the connection

NOTE Confidence: 0.86972069

 $00:10:44.080 \longrightarrow 00:10:46.060$ with HPV had been made.

NOTE Confidence: 0.86972069

 $00:10:46.060 \longrightarrow 00:10:49.714$ And what they said was we have lots and

NOTE Confidence: 0.86972069

 $00:10:49.714 \longrightarrow 00:10:53.540$ lots of women dying from cervical cancer.

NOTE Confidence: 0.86972069

 $00:10:53.540 \longrightarrow 00:10:54.308$ Makes sense.

NOTE Confidence: 0.86972069

00:10:54.308 --> 00:10:54.692 Now,

NOTE Confidence: 0.86972069

 $00:10:54.692 \longrightarrow 00:10:57.380$ this was a migrant farm working population.

NOTE Confidence: 0.86972069

 $00:10:57.380 \longrightarrow 00:10:59.300$ They were coming to areas of North Carolina,

NOTE Confidence: 0.86972069

00:10:59.300 --> 00:11:02.260 going back and transmitting HPB.

NOTE Confidence: 0.86972069

 $00:11:02.260 \longrightarrow 00:11:04.234$ And thus lots of women were

NOTE Confidence: 0.86972069

 $00:11:04.234 \longrightarrow 00:11:06.540$ dying and there was no screening.

NOTE Confidence: 0.86972069

 $00:11:06.540 \longrightarrow 00:11:08.070$ So I came back to the United States and I

NOTE Confidence: 0.86972069

00:11:08.113 --> 00:11:09.893 said, Oh my gosh, what did I get myself into?

NOTE Confidence: 0.86972069

00:11:09.900 --> 00:11:10.248 Right?

NOTE Confidence: 0.86972069

 $00:11:10.248 \longrightarrow 00:11:12.336$ I know nothing about cervical cancer.

00:11:12.340 --> 00:11:14.360 I'm an internist, right,

NOTE Confidence: 0.86972069

 $00:11:14.360 \longrightarrow 00:11:15.370$ budding internist.

NOTE Confidence: 0.86972069

00:11:15.370 --> 00:11:18.194 So I came back and asked 2 budding

NOTE Confidence: 0.86972069

00:11:18.194 --> 00:11:21.029 OB gine Med students if they would

NOTE Confidence: 0.86972069

 $00:11:21.029 \longrightarrow 00:11:24.244$ help me and we went back and we heard

NOTE Confidence: 0.86972069

 $00:11:24.244 \longrightarrow 00:11:26.558$ from the community members and they

NOTE Confidence: 0.86972069

00:11:26.558 --> 00:11:30.529 said how do you screen for cervical cancer?

NOTE Confidence: 0.86972069

00:11:30.530 --> 00:11:34.765 Why can we not provide the screening?

NOTE Confidence: 0.86972069

00:11:34.770 --> 00:11:37.770 How ingenious?

NOTE Confidence: 0.86972069

 $00{:}11{:}37.770 \dashrightarrow 00{:}11{:}40.822$ What differentiates me as a medical student

NOTE Confidence: 0.86972069

 $00:11:40.822 \longrightarrow 00:11:43.330$ from community members in the community?

NOTE Confidence: 0.86972069

 $00:11:43.330 \longrightarrow 00:11:43.954$ How can we?

NOTE Confidence: 0.86972069

00:11:43.954 --> 00:11:44.370 You know,

NOTE Confidence: 0.86972069

 $00:11:44.370 \longrightarrow 00:11:45.426$ the question came up.

NOTE Confidence: 0.86972069

00:11:45.426 --> 00:11:45.690 Well,

00:11:45.690 --> 00:11:48.130 we don't have the infrastructure.

NOTE Confidence: 0.9452853

 $00:11:48.130 \longrightarrow 00:11:49.840$ We've got sticks.

NOTE Confidence: 0.9452853

 $00:11:49.840 \longrightarrow 00:11:52.690$ So we made wooden stirrups.

NOTE Confidence: 0.9452853

 $00:11:52.690 \longrightarrow 00:11:54.970$ We have headlamps.

NOTE Confidence: 0.9452853

 $00:11:54.970 \longrightarrow 00:11:57.625$ And just as easily as we were trained in

NOTE Confidence: 0.9452853

00:11:57.625 --> 00:11:59.770 medical school to conduct PAP smears,

NOTE Confidence: 0.9452853

 $00:11:59.770 \longrightarrow 00:12:02.150$ so can community members in

NOTE Confidence: 0.9452853

 $00:12:02.150 \longrightarrow 00:12:04.530$ their own community be trained.

NOTE Confidence: 0.9452853

 $00:12:04.530 \longrightarrow 00:12:06.966$ But who's going to pay for it?

NOTE Confidence: 0.9452853

 $00:12:06.970 \longrightarrow 00:12:08.980$ So the other principle of public

NOTE Confidence: 0.9452853

 $00{:}12{:}08.980 \dashrightarrow 00{:}12{:}11.710$ health is the number needed to screen

NOTE Confidence: 0.9452853

 $00:12:11.710 \longrightarrow 00:12:14.330$ and the number needed to treat.

NOTE Confidence: 0.9452853

 $00:12:14.330 \longrightarrow 00:12:17.093$ And it was a very eye opening experience for

NOTE Confidence: 0.9452853

 $00:12:17.093 \longrightarrow 00:12:19.888$ me to think about following the dollars.

NOTE Confidence: 0.9452853

 $00:12:19.890 \longrightarrow 00:12:23.026$ If you're really going to make an

NOTE Confidence: 0.9452853

 $00{:}12{:}23.026 \dashrightarrow 00{:}12{:}24.570$ intervention sustainable, that's great.

00:12:24.570 --> 00:12:25.850 As a UNC practicum,

NOTE Confidence: 0.9452853

 $00:12:25.850 \longrightarrow 00:12:27.565$ I've got a small bucket of funding.

NOTE Confidence: 0.9452853

00:12:27.570 --> 00:12:30.788 I can come here, do some pap smears, go back.

NOTE Confidence: 0.9452853

 $00:12:30.788 \longrightarrow 00:12:32.433$ What's going to happen when

NOTE Confidence: 0.9452853

 $00:12:32.433 \longrightarrow 00:12:33.810$ that funding is gone?

NOTE Confidence: 0.9452853

 $00:12:33.810 \longrightarrow 00:12:34.809$ The program ends.

NOTE Confidence: 0.941930755

 $00:12:37.850 \longrightarrow 00:12:39.566$ So to create a sustainable model,

NOTE Confidence: 0.941930755

 $00:12:39.570 \longrightarrow 00:12:41.280$ you have to engage other

NOTE Confidence: 0.941930755

 $00:12:41.280 \longrightarrow 00:12:42.648$ people in the community.

NOTE Confidence: 0.941930755

 $00:12:42.650 \longrightarrow 00:12:44.708$ Where were people going when they

NOTE Confidence: 0.941930755

 $00:12:44.708 \longrightarrow 00:12:46.530$ were diagnosed with cervical cancer?

NOTE Confidence: 0.941930755

 $00:12:46.530 \longrightarrow 00:12:48.046$ Well, they weren't diagnosed.

NOTE Confidence: 0.941930755

 $00{:}12{:}48.046 \dashrightarrow 00{:}12{:}50.320$ They were actually going to the

NOTE Confidence: 0.941930755

 $00:12:50.386 \longrightarrow 00:12:52.436$ local Planned Parenthood and dying

NOTE Confidence: 0.941930755

00:12:52.436 --> 00:12:54.486 in that facility from symptoms,

 $00:12:54.490 \longrightarrow 00:12:58.768$ from other disease burden, from bleeding.

NOTE Confidence: 0.941930755

 $00{:}12{:}58.770 \dashrightarrow 00{:}13{:}01.115$ And all of that cost was being

NOTE Confidence: 0.941930755

 $00:13:01.115 \longrightarrow 00:13:02.890$ borne by this facility.

NOTE Confidence: 0.941930755

 $00:13:02.890 \longrightarrow 00:13:03.460$ Guess what?

NOTE Confidence: 0.941930755

 $00:13:03.460 \longrightarrow 00:13:04.885$ I bet they would pay

NOTE Confidence: 0.92159175

 $00:13:06.970 \longrightarrow 00:13:09.166$ for the number needed to screen

NOTE Confidence: 0.92159175

 $00:13:09.170 \longrightarrow 00:13:10.688$ to do all of the samples.

NOTE Confidence: 0.92159175

 $00:13:10.690 \longrightarrow 00:13:12.370$ Evaluate all the.

NOTE Confidence: 0.92159175

00:13:12.370 --> 00:13:14.610 Coposcopies and also conduct

NOTE Confidence: 0.92159175

00:13:14.610 --> 00:13:16.346 the Coposcopies now,

NOTE Confidence: 0.92159175

 $00:13:16.346 \longrightarrow 00:13:18.810$ over 20 years later.

NOTE Confidence: 0.92159175

 $00:13:18.810 \longrightarrow 00:13:20.885$ Guess who's teaching UNC students

NOTE Confidence: 0.92159175

 $00:13:20.885 \longrightarrow 00:13:23.290$ in the summer how to do Pap smears?

NOTE Confidence: 0.9259723333333333

 $00{:}13{:}26.090 \dashrightarrow 00{:}13{:}29.408$ Sustainable model not dependent on us,

NOTE Confidence: 0.925972333333333

 $00:13:29.410 \longrightarrow 00:13:32.530$ and the Community knew the solution.

NOTE Confidence: 0.925972333333333

 $00:13:32.530 \longrightarrow 00:13:34.770$ Had I gone in with my own idea,

 $00:13:34.770 \longrightarrow 00:13:36.289$ it would have turned into a very

NOTE Confidence: 0.925972333333333

 $00{:}13{:}36.289 \dashrightarrow 00{:}13{:}37.570$ different project that may have

NOTE Confidence: 0.925972333333333

 $00:13:37.570 \longrightarrow 00:13:38.446$ been completely meaningless.

NOTE Confidence: 0.941371686666667

 $00:13:41.120 \longrightarrow 00:13:41.988$ I went to Stanford.

NOTE Confidence: 0.941371686666667

 $00:13:41.988 \longrightarrow 00:13:43.073$ I'm looking at Pam because,

NOTE Confidence: 0.941371686666667

00:13:43.080 --> 00:13:44.280 you know, Stanford is a silicon.

NOTE Confidence: 0.941371686666667

00:13:44.280 --> 00:13:45.792 How many of you all have been to California?

NOTE Confidence: 0.941371686666667

 $00:13:45.800 \longrightarrow 00:13:48.320$ Silicon Valley.

NOTE Confidence: 0.941371686666667

 $00:13:48.320 \longrightarrow 00:13:50.060$ It's like community based

NOTE Confidence: 0.941371686666667

 $00{:}13{:}50.060 \dashrightarrow 00{:}13{:}52.235$ participatory research with A twist.

NOTE Confidence: 0.941371686666667

 $00:13:52.240 \longrightarrow 00:13:53.216$ Is this design school?

NOTE Confidence: 0.941371686666667

00:13:53.216 --> 00:13:55.600 So many of you have an iPhone, right?

NOTE Confidence: 0.941371686666667

 $00:13:55.600 \longrightarrow 00:13:58.253$ What was ingenious about Stanford, right?

NOTE Confidence: 0.941371686666667

 $00:13:58.253 \longrightarrow 00:13:59.518$ They are always trying to

NOTE Confidence: 0.941371686666667

 $00:13:59.518 \longrightarrow 00:14:00.880$ create ways to make money.

00:14:00.880 --> 00:14:02.800 So this huge startup culture,

NOTE Confidence: 0.941371686666667

 $00{:}14{:}02.800 \dashrightarrow 00{:}14{:}05.019$ they created the school then that would

NOTE Confidence: 0.941371686666667

 $00:14:05.019 \longrightarrow 00:14:07.233$ teach people about how to make companies

NOTE Confidence: 0.941371686666667

 $00:14:07.233 \longrightarrow 00:14:09.039$ that would get more market share.

NOTE Confidence: 0.941371686666667

00:14:09.040 --> 00:14:10.933 So you involve the consumers, right?

NOTE Confidence: 0.941371686666667

00:14:10.933 --> 00:14:13.917 If you have a product like an iPhone,

NOTE Confidence: 0.941371686666667

 $00:14:13.920 \longrightarrow 00:14:17.545$ maybe go out and codesign it with the people

NOTE Confidence: 0.941371686666667

00:14:17.545 --> 00:14:19.915 that would potentially buy the iPhone,

NOTE Confidence: 0.941371686666667

 $00:14:19.920 \longrightarrow 00:14:21.588$ such as then you're going to

NOTE Confidence: 0.941371686666667

00:14:21.588 --> 00:14:23.349 design A product that's going to

NOTE Confidence: 0.941371686666667

 $00:14:23.349 \longrightarrow 00:14:25.113$ be more applicable to other people,

NOTE Confidence: 0.941371686666667

 $00:14:25.120 \longrightarrow 00:14:27.600$ like the people that you designed it with.

NOTE Confidence: 0.941371686666667

00:14:27.600 --> 00:14:28.920 But if you think about what they do,

NOTE Confidence: 0.941371686666667

 $00:14:28.920 \longrightarrow 00:14:31.422$ it's actually the same concept of

NOTE Confidence: 0.941371686666667

 $00:14:31.422 \longrightarrow 00:14:34.390$ listening to consumers and building this

NOTE Confidence: 0.941371686666667

 $00:14:34.390 \longrightarrow 00:14:37.054$ out now if you think about supportive

 $00:14:37.054 \longrightarrow 00:14:39.200$ cancer care and trying to achieve.

NOTE Confidence: 0.941371686666667 00:14:39.200 --> 00:14:39.520 Actually, NOTE Confidence: 0.941371686666667

00:14:39.520 --> 00:14:41.120 not even supportive cancer care,

NOTE Confidence: 0.941371686666667

 $00:14:41.120 \longrightarrow 00:14:43.520$ but just care in general

NOTE Confidence: 0.941371686666667

 $00:14:43.520 \longrightarrow 00:14:45.440$ and healthcare in general.

NOTE Confidence: 0.941371686666667

 $00:14:45.440 \longrightarrow 00:14:49.260$ There has to be an alignment of

NOTE Confidence: 0.941371686666667

 $00:14:49.260 \longrightarrow 00:14:52.856$ goals and also financial payment

NOTE Confidence: 0.941371686666667

 $00:14:52.856 \longrightarrow 00:14:56.720$ models across each of these groups.

NOTE Confidence: 0.941371686666667

 $00{:}14{:}56.720 \dashrightarrow 00{:}14{:}58.904$ But where we're lacking in Health care is

NOTE Confidence: 0.941371686666667

 $00:14:58.904 \longrightarrow 00:15:00.839$ that there's always this misalignment.

NOTE Confidence: 0.941371686666667

 $00{:}15{:}00.840 \dashrightarrow 00{:}15{:}03.336$ And so I'm going to walk you through

NOTE Confidence: 0.941371686666667

 $00:15:03.336 \longrightarrow 00:15:05.846$ one example where we focused in on that.

NOTE Confidence: 0.941371686666667

 $00{:}15{:}05.850 \dashrightarrow 00{:}15{:}07.690$ Uptick of EU shaped curve,

NOTE Confidence: 0.941371686666667

 $00:15:07.690 \longrightarrow 00:15:10.364$ the right side of EU shaped curve

NOTE Confidence: 0.941371686666667

 $00:15:10.370 \longrightarrow 00:15:13.546$ because at the end of life many patients

00:15:13.546 --> 00:15:16.088 are experiencing unwanted acute care use,

NOTE Confidence: 0.941371686666667

 $00{:}15{:}16.090 \dashrightarrow 00{:}15{:}17.650$ unwanted healthcare expenditures

NOTE Confidence: 0.941371686666667

 $00:15:17.650 \longrightarrow 00:15:20.250$ at a very high cost.

NOTE Confidence: 0.941371686666667

 $00:15:20.250 \longrightarrow 00:15:22.610$ So that's low yield if we want to

NOTE Confidence: 0.941371686666667

 $00:15:22.610 \longrightarrow 00:15:24.970$ try to achieve the triple aim.

NOTE Confidence: 0.941371686666667

 $00:15:24.970 \longrightarrow 00:15:28.061$ So we started off with this combined

NOTE Confidence: 0.941371686666667

 $00:15:28.061 \longrightarrow 00:15:30.767$ Amalga rhythm of the design school

NOTE Confidence: 0.941371686666667

 $00:15:30.767 \longrightarrow 00:15:33.569$ and the community based participatory

NOTE Confidence: 0.941371686666667

 $00:15:33.569 \longrightarrow 00:15:34.937$ research methods.

NOTE Confidence: 0.941371686666667

 $00:15:34.940 \longrightarrow 00:15:36.896$ So we asked patients and caregivers,

NOTE Confidence: 0.941371686666667

 $00:15:36.900 \longrightarrow 00:15:39.175$ which is clearly what you would do

NOTE Confidence: 0.941371686666667

00:15:39.175 --> 00:15:40.767 with community members and CBPR,

NOTE Confidence: 0.941371686666667

00:15:40.767 --> 00:15:43.089 what were the barriers and the

NOTE Confidence: 0.941371686666667

00:15:43.089 --> 00:15:45.040 challenges and what would some

NOTE Confidence: 0.941371686666667

 $00:15:45.040 \longrightarrow 00:15:47.194$ solutions look like if you were

NOTE Confidence: 0.941371686666667

 $00:15:47.194 \longrightarrow 00:15:49.575$ to create a system focused on end

 $00:15:49.575 \longrightarrow 00:15:51.626$ of life cancer care delivery that

NOTE Confidence: 0.941371686666667

 $00:15:51.626 \longrightarrow 00:15:53.256$ looked very different than the

NOTE Confidence: 0.941371686666667

 $00:15:53.256 \longrightarrow 00:15:54.780$ one that you're currently in.

NOTE Confidence: 0.941371686666667

 $00:15:54.780 \longrightarrow 00:15:58.175$ We also did the same with clinicians

NOTE Confidence: 0.941371686666667

 $00:15:58.180 \longrightarrow 00:16:00.007$ and then we included a critical piece

NOTE Confidence: 0.941371686666667

 $00:16:00.007 \longrightarrow 00:16:01.977$ that we learned from the design school,

NOTE Confidence: 0.941371686666667

 $00:16:01.980 \longrightarrow 00:16:05.316$ which was this idea of payers.

NOTE Confidence: 0.941371686666667

 $00:16:05.320 \longrightarrow 00:16:06.840$ As well as policy makers.

NOTE Confidence: 0.938815971428572

00:16:09.640 --> 00:16:12.237 And surprising to me is a wideeyed,

NOTE Confidence: 0.938815971428572

 $00{:}16{:}12.240 \dashrightarrow 00{:}16{:}13.392$ bushytailed fellow who was

NOTE Confidence: 0.938815971428572

00:16:13.392 --> 00:16:15.120 kind of in my little realm,

NOTE Confidence: 0.938815971428572

 $00:16:15.120 \longrightarrow 00:16:17.380$ really not thinking about

NOTE Confidence: 0.938815971428572

 $00{:}16{:}17.380 \dashrightarrow 00{:}16{:}19.075$ the financial misalignment.

NOTE Confidence: 0.938815971428572

 $00:16:19.080 \longrightarrow 00:16:21.175$ What I heard from clinicians

NOTE Confidence: 0.938815971428572

 $00:16:21.175 \longrightarrow 00:16:23.270$ and from healthcare systems was

 $00:16:23.343 \longrightarrow 00:16:25.436$ this is the right thing to do,

NOTE Confidence: 0.938815971428572

 $00{:}16{:}25.440 {\:{\circ}{\circ}{\circ}}>00{:}16{:}27.708$ but if we were to reduce emergency

NOTE Confidence: 0.938815971428572

00:16:27.708 --> 00:16:29.134 department visits and hospitalizations

NOTE Confidence: 0.938815971428572

 $00:16:29.134 \longrightarrow 00:16:31.074$ like what Hospice and palliative

NOTE Confidence: 0.938815971428572

 $00:16:31.074 \longrightarrow 00:16:33.270$ care are meant to help with?

NOTE Confidence: 0.938815971428572

 $00:16:33.270 \longrightarrow 00:16:34.350$ Local concordant care,

NOTE Confidence: 0.938815971428572

 $00:16:34.350 \longrightarrow 00:16:37.221$ usually patients will choose not to be in

NOTE Confidence: 0.938815971428572

 $00:16:37.221 \longrightarrow 00:16:40.029$ a hospital setting at the end of life.

NOTE Confidence: 0.938815971428572

 $00:16:40.030 \longrightarrow 00:16:41.070$ There goes our bottom line.

NOTE Confidence: 0.935221825

 $00:16:43.430 \longrightarrow 00:16:48.790$ And I was shocked, but it made sense.

NOTE Confidence: 0.935221825

 $00:16:48.790 \longrightarrow 00:16:51.523$ And so we heard from communities that they

NOTE Confidence: 0.935221825

 $00:16:51.523 \longrightarrow 00:16:54.250$ wanted to be a part of the the, the product.

NOTE Confidence: 0.935221825

 $00:16:54.250 \longrightarrow 00:16:55.870$ They want to codesign the product.

NOTE Confidence: 0.935221825

 $00:16:55.870 \longrightarrow 00:16:58.054$ They are often not involved in

NOTE Confidence: 0.935221825

 $00:16:58.054 \longrightarrow 00:17:00.269$ palliative care efforts and we heard

NOTE Confidence: 0.935221825

 $00{:}17{:}00.269 \dashrightarrow 00{:}17{:}02.507$ from patients that it was easier.

 $00:17:02.510 \longrightarrow 00:17:05.170$ To talk to people in the waiting

NOTE Confidence: 0.935221825

 $00:17:05.170 \longrightarrow 00:17:07.150$ room about their prognosis and their

NOTE Confidence: 0.935221825

00:17:07.150 --> 00:17:09.670 questions about end of life, cancer care,

NOTE Confidence: 0.95232968

 $00:17:11.750 \longrightarrow 00:17:13.230$ what questions they should ask.

NOTE Confidence: 0.95232968

 $00:17:13.230 \longrightarrow 00:17:15.302$ They were getting activated in the waiting

NOTE Confidence: 0.95232968

 $00{:}17{:}15.302 \dashrightarrow 00{:}17{:}17.668$ room by other people in the waiting room,

NOTE Confidence: 0.95232968

 $00:17:17.670 \longrightarrow 00:17:21.234$ peers, and they felt less comfortable talking

NOTE Confidence: 0.95232968

 $00{:}17{:}21.234 \dashrightarrow 00{:}17{:}24.910$ about these issues with their clinicians.

NOTE Confidence: 0.95232968

 $00:17:24.910 \longrightarrow 00:17:27.350$ And then the clinicians of course said lack

NOTE Confidence: 0.95232968

 $00{:}17{:}27.350 \dashrightarrow 00{:}17{:}30.091$ of time and also some considerations that

NOTE Confidence: 0.95232968

00:17:30.091 --> 00:17:32.580 palliative care and Hospice weren't quite.

NOTE Confidence: 0.95232968

00:17:32.580 --> 00:17:34.303 Read they weren't quite ready, right?

NOTE Confidence: 0.95232968

 $00{:}17{:}34.303 \dashrightarrow 00{:}17{:}36.481$ Patients may not quite be ready

NOTE Confidence: 0.95232968

 $00:17:36.481 \longrightarrow 00:17:38.739$ for some of these services.

NOTE Confidence: 0.95232968

 $00:17:38.740 \longrightarrow 00:17:40.420$ And so we have the same players,

 $00:17:40.420 \longrightarrow 00:17:41.924$ same stakeholders.

NOTE Confidence: 0.95232968

 $00:17:41.924 \longrightarrow 00:17:45.590$ Create a model where we long

NOTE Confidence: 0.95232968

 $00:17:45.590 \longrightarrow 00:17:48.420$ before the A/C A in 2012.

NOTE Confidence: 0.95232968

 $00:17:48.420 \longrightarrow 00:17:51.780$ We had them design an ideal approach

NOTE Confidence: 0.95232968

 $00:17:51.780 \longrightarrow 00:17:54.118$ that would align their goals and also

NOTE Confidence: 0.95232968

00:17:54.118 --> 00:17:56.419 would be aligned by financial values.

NOTE Confidence: 0.95232968

 $00:17:56.420 \longrightarrow 00:17:58.574$ And what they landed on was

NOTE Confidence: 0.95232968

 $00:17:58.574 \longrightarrow 00:18:00.540$ training a community health worker.

NOTE Confidence: 0.95232968

 $00:18:00.540 \longrightarrow 00:18:04.036$ For a peer support navigator to help

NOTE Confidence: 0.95232968

00:18:04.036 --> 00:18:05.976 them understand concepts of values,

NOTE Confidence: 0.95232968

 $00:18:05.980 \longrightarrow 00:18:09.165$ goals, preferences outside of our 15 to

NOTE Confidence: 0.95232968

00:18:09.165 --> 00:18:13.860 30 minute visit in the oncology clinic,

NOTE Confidence: 0.95232968

 $00:18:13.860 \longrightarrow 00:18:15.940$ they also had wanted someone to call them.

NOTE Confidence: 0.95232968

 $00{:}18{:}15.940 \dashrightarrow 00{:}18{:}18.379$ And again this was long before E pros right?

NOTE Confidence: 0.95232968

00:18:18.380 --> 00:18:20.487 E pros have not been up and

NOTE Confidence: 0.95232968

 $00:18:20.487 \longrightarrow 00:18:22.093$ running at this point 2009,

 $00:18:22.093 \longrightarrow 00:18:24.004$ 2010 by the time we published this

NOTE Confidence: 0.95232968

 $00{:}18{:}24.004 \dashrightarrow 00{:}18{:}25.777$ right it was many years later,

NOTE Confidence: 0.95232968

 $00:18:25.780 \longrightarrow 00:18:27.750$ but they wanted people to

NOTE Confidence: 0.95232968

 $00:18:27.750 \longrightarrow 00:18:30.004$ call them and ask them.

NOTE Confidence: 0.95232968

 $00:18:30.004 \longrightarrow 00:18:32.444$ About their symptoms rather than

NOTE Confidence: 0.95232968

 $00:18:32.444 \longrightarrow 00:18:34.765$ reactively calling us when their

NOTE Confidence: 0.95232968

 $00:18:34.765 \longrightarrow 00:18:36.875$ symptoms were too far advanced.

NOTE Confidence: 0.95232968

 $00:18:36.880 \longrightarrow 00:18:38.164$ And then again,

NOTE Confidence: 0.95232968

00:18:38.164 --> 00:18:39.876 before the COVID pandemic,

NOTE Confidence: 0.95232968

 $00{:}18{:}39.880 \dashrightarrow 00{:}18{:}42.778$ we heard that and had talked with

NOTE Confidence: 0.95232968

 $00:18:42.778 \longrightarrow 00:18:45.752$ individuals in Australia and the UK who

NOTE Confidence: 0.95232968

 $00:18:45.752 \longrightarrow 00:18:48.236$ were receiving chemotherapy on mobile vans.

NOTE Confidence: 0.95232968

 $00{:}18{:}48.240 \dashrightarrow 00{:}18{:}50.288$ Yet what we're doing in the United States

NOTE Confidence: 0.95232968

00:18:50.288 --> 00:18:52.263 is we're centralizing care and actually

NOTE Confidence: 0.95232968

00:18:52.263 --> 00:18:54.028 removing sites that may potentially

 $00:18:54.028 \longrightarrow 00:18:55.919$ be more convenient for patients.

NOTE Confidence: 0.95232968

 $00:18:55.920 \longrightarrow 00:18:59.166$ You could leverage telemedicine and deliver.

NOTE Confidence: 0.95232968

 $00:18:59.170 \longrightarrow 00:19:03.010$ Low risk chemotherapeutics in

NOTE Confidence: 0.95232968

00:19:03.010 --> 00:19:04.970 essentially rooms that are half the size,

NOTE Confidence: 0.95232968

00:19:04.970 --> 00:19:06.258 quarter of the size,

NOTE Confidence: 0.95232968

 $00:19:06.258 \longrightarrow 00:19:08.552$ which is what was also being done

NOTE Confidence: 0.95232968

 $00{:}19{:}08.552 \dashrightarrow 00{:}19{:}10.990$ in parts of Nebraska in the VA with

NOTE Confidence: 0.95232968

 $00:19:10.990 \longrightarrow 00:19:13.090$ a telemedicine oncologist that was

NOTE Confidence: 0.95232968

 $00{:}19{:}13.090 \dashrightarrow 00{:}19{:}15.930$ leveraged in to ensure no complications

NOTE Confidence: 0.95232968

 $00:19:15.930 \longrightarrow 00:19:18.246$ and now that makes less disruptive.

NOTE Confidence: 0.95232968

 $00{:}19{:}18.250 \dashrightarrow 00{:}19{:}20.970$ But at the time this was really a no go.

NOTE Confidence: 0.95232968

00:19:20.970 --> 00:19:23.034 Many people thought that the third

NOTE Confidence: 0.95232968

00:19:23.034 --> 00:19:25.175 model was really not very idealist,

NOTE Confidence: 0.95232968

 $00:19:25.175 \longrightarrow 00:19:28.290$ it was a little bit too idealistic.

NOTE Confidence: 0.95232968

 $00:19:28.290 \longrightarrow 00:19:29.886$ And so we decided to test this.

NOTE Confidence: 0.95232968

 $00:19:29.890 \longrightarrow 00:19:31.474$ What we heard from clinicians was

 $00:19:31.474 \longrightarrow 00:19:33.581$ we need to see a randomized control

NOTE Confidence: 0.95232968

 $00:19:33.581 \longrightarrow 00:19:35.561$ trial before we're willing to engage

NOTE Confidence: 0.95232968

 $00:19:35.561 \longrightarrow 00:19:36.889$ in any of this work.

NOTE Confidence: 0.95232968

 $00:19:36.890 \longrightarrow 00:19:38.624$ And so this was essentially our

NOTE Confidence: 0.95232968

 $00{:}19{:}38.624 \dashrightarrow 00{:}19{:}40.565$ framework was if you were to remove

NOTE Confidence: 0.95232968

00:19:40.565 --> 00:19:43.246 many of the barriers in the yellow,

NOTE Confidence: 0.95232968

00:19:43.246 --> 00:19:45.691 potentially you could get to

NOTE Confidence: 0.95232968

00:19:45.691 --> 00:19:46.970 improving patients,

NOTE Confidence: 0.95232968

 $00:19:46.970 \longrightarrow 00:19:49.890$ understanding about advanced care planning.

NOTE Confidence: 0.95232968

 $00:19:49.890 \longrightarrow 00:19:52.452$ You could also improve symptom management

NOTE Confidence: 0.95232968

00:19:52.452 --> 00:19:54.969 by proactively reaching out to patients.

NOTE Confidence: 0.95232968

 $00:19:54.970 \longrightarrow 00:19:56.390$ And then hopefully ultimately

NOTE Confidence: 0.95232968

 $00{:}19{:}56.390 \dashrightarrow 00{:}19{:}57.810$ improve goal concordant care,

NOTE Confidence: 0.95232968

 $00:19:57.810 \longrightarrow 00:19:59.565$ which many of you know is hard to measure.

NOTE Confidence: 0.95232968

 $00:19:59.570 \longrightarrow 00:20:00.770$ Many in the palliative care space,

 $00:20:00.770 \longrightarrow 00:20:03.092$ there's a lot of debate about

NOTE Confidence: 0.95232968

 $00:20:03.092 \longrightarrow 00:20:04.998$ measurements of goal concordant care

NOTE Confidence: 0.95232968

 $00:20:04.998 \longrightarrow 00:20:07.286$ and how one would do that given the

NOTE Confidence: 0.95232968

00:20:07.286 --> 00:20:09.543 fact that goals change so often and

NOTE Confidence: 0.95232968

00:20:09.543 --> 00:20:11.061 you certainly can't measure it once

NOTE Confidence: 0.95232968

00:20:11.061 --> 00:20:12.369 patients have already passed away.

NOTE Confidence: 0.95232968

00:20:12.370 --> 00:20:15.448 And the surrogates may be able to help you,

NOTE Confidence: 0.95232968

 $00:20:15.450 \longrightarrow 00:20:17.364$ but it's really unclear so that

NOTE Confidence: 0.95232968

 $00:20:17.364 \longrightarrow 00:20:18.640$ this idea of being

NOTE Confidence: 0.933460841153846

00:20:18.711 --> 00:20:20.851 able to achieve goal concordant

NOTE Confidence: 0.933460841153846

00:20:20.851 --> 00:20:22.991 care is really addressing something

NOTE Confidence: 0.933460841153846

 $00:20:23.060 \longrightarrow 00:20:24.848$ that may be hard to measure.

NOTE Confidence: 0.933460841153846

 $00:20:24.850 \longrightarrow 00:20:26.970$ And so we tried again as a fellow,

NOTE Confidence: 0.933460841153846

00:20:26.970 --> 00:20:29.126 I thought, let's test all three together.

NOTE Confidence: 0.933460841153846

 $00:20:29.130 \longrightarrow 00:20:30.010$ But I already told you,

NOTE Confidence: 0.933460841153846

 $00:20:30.010 \longrightarrow 00:20:32.287$ most people said no way to the last one.

 $00:20:32.290 \longrightarrow 00:20:33.170$ Like telemedicine.

NOTE Confidence: 0.933460841153846

 $00:20:33.170 \longrightarrow 00:20:35.370$ What, on a mobile van?

NOTE Confidence: 0.933460841153846

 $00:20:35.370 \longrightarrow 00:20:36.537$ No way. Right?

NOTE Confidence: 0.933460841153846

00:20:36.537 --> 00:20:38.871 We're not giving chemotherapy in places

NOTE Confidence: 0.933460841153846

 $00:20:38.871 \longrightarrow 00:20:41.366$ that are not in our infusion center.

NOTE Confidence: 0.933460841153846

00:20:41.370 --> 00:20:41.900 But shockingly,

NOTE Confidence: 0.933460841153846

 $00:20:41.900 \longrightarrow 00:20:44.020$ I also heard from places that we are

NOTE Confidence: 0.933460841153846

 $00:20:44.072 \longrightarrow 00:20:46.008$ not going to have a lay health worker,

NOTE Confidence: 0.933460841153846

00:20:46.010 --> 00:20:48.222 community health worker talk to our patient

NOTE Confidence: 0.933460841153846

 $00{:}20{:}48.222 \to 00{:}20{:}50.809$ about what a surrogate decision maker is.

NOTE Confidence: 0.933460841153846

 $00:20:50.810 \longrightarrow 00:20:53.090$ We don't want anyone to talk to our

NOTE Confidence: 0.933460841153846

 $00:20:53.090 \longrightarrow 00:20:55.059$ patient about advanced care planning.

NOTE Confidence: 0.933460841153846

 $00{:}20{:}55.060 \dashrightarrow 00{:}20{:}57.460$ You're going to remove hope.

NOTE Confidence: 0.933460841153846

 $00:20:57.460 \longrightarrow 00:20:59.720$ And so we also got a lot of pushback on

NOTE Confidence: 0.933460841153846

00:20:59.785 --> 00:21:02.467 even testing the Community health worker

 $00:21:02.467 \longrightarrow 00:21:04.255$ advanced care planning intervention.

NOTE Confidence: 0.933460841153846

 $00{:}21{:}04.260 --> 00{:}21{:}05.380$ So I thought, well,

NOTE Confidence: 0.933460841153846

 $00:21:05.380 \longrightarrow 00:21:06.780$ let's split up the model.

NOTE Confidence: 0.933460841153846

 $00:21:06.780 \longrightarrow 00:21:08.614$ We'll test each one individually and we'll

NOTE Confidence: 0.933460841153846

 $00:21:08.614 \longrightarrow 00:21:10.978$ go to a place that's more integrated.

NOTE Confidence: 0.933460841153846

 $00:21:10.980 \longrightarrow 00:21:13.934$ So the VAI was a clinic clinical

NOTE Confidence: 0.933460841153846

 $00:21:13.934 \longrightarrow 00:21:16.428$ fellow there and really never thought

NOTE Confidence: 0.933460841153846

00:21:16.428 --> 00:21:18.900 about having a fulltime VA job.

NOTE Confidence: 0.933460841153846

 $00:21:18.900 \longrightarrow 00:21:20.184$ But what I was really shocked

NOTE Confidence: 0.933460841153846

 $00:21:20.184 \longrightarrow 00:21:21.672$ by is many of the innovations

NOTE Confidence: 0.933460841153846

 $00:21:21.672 \longrightarrow 00:21:23.246$ happen in the VA telemedicine.

NOTE Confidence: 0.933460841153846

00:21:23.246 --> 00:21:26.330 We've been using it for decades in the VA.

NOTE Confidence: 0.933460841153846

 $00:21:26.330 \longrightarrow 00:21:29.438$ Many of our packed models of utilizing

NOTE Confidence: 0.933460841153846

 $00:21:29.438 \longrightarrow 00:21:31.705$ peer support were developed at

NOTE Confidence: 0.933460841153846

00:21:31.705 --> 00:21:34.098 the VA and you can get innovations

NOTE Confidence: 0.933460841153846

 $00:21:34.098 \longrightarrow 00:21:36.250$ if you pair with operations,

 $00:21:36.250 \longrightarrow 00:21:38.770$ you can really jumpstart these

NOTE Confidence: 0.933460841153846

 $00:21:38.770 \longrightarrow 00:21:40.470$ out-of-the-box clinical ideas and

NOTE Confidence: 0.933460841153846

 $00:21:40.470 \longrightarrow 00:21:43.250$ get them into practice very quickly.

NOTE Confidence: 0.933460841153846

 $00:21:43.250 \longrightarrow 00:21:46.490$ And there's also this alignment of

NOTE Confidence: 0.933460841153846

 $00:21:46.490 \longrightarrow 00:21:49.407$ finances because they serve as a pair.

NOTE Confidence: 0.933460841153846

 $00:21:49.410 \longrightarrow 00:21:52.645$ So there was a desire by the VA.

NOTE Confidence: 0.933460841153846

00:21:52.645 --> 00:21:55.015 To improve not only veteran experiences,

NOTE Confidence: 0.933460841153846

 $00{:}21{:}55.020 {\:{\circ}{\circ}{\circ}}> 00{:}21{:}57.020$ to improve their health outcomes,

NOTE Confidence: 0.933460841153846

 $00:21:57.020 \longrightarrow 00:21:59.260$ but also to lower costs.

NOTE Confidence: 0.933460841153846

 $00{:}21{:}59.260 \dashrightarrow 00{:}22{:}00.652$ So there was a clear alignment

NOTE Confidence: 0.933460841153846

 $00{:}22{:}00.652 \dashrightarrow 00{:}22{:}02.603$ and they said yes, let's do it.

NOTE Confidence: 0.933460841153846

 $00{:}22{:}02.603 \dashrightarrow 00{:}22{:}05.444$ So we trained this lay health worker to

NOTE Confidence: 0.933460841153846

 $00:22:05.444 \longrightarrow 00:22:08.076$ conduct a series of segments either by

NOTE Confidence: 0.933460841153846

 $00{:}22{:}08.076 \dashrightarrow 00{:}22{:}10.578$ telephone or in person with patients.

NOTE Confidence: 0.933460841153846

 $00:22:10.580 \longrightarrow 00:22:12.960$ And so the first segment was really

00:22:12.960 --> 00:22:15.219 just discussing and developing rapport.

NOTE Confidence: 0.933460841153846

 $00:22:15.220 \longrightarrow 00:22:17.084$ The next few segments over time it was

NOTE Confidence: 0.933460841153846

 $00:22:17.084 \longrightarrow 00:22:19.417$ a six month intervention would be about.

NOTE Confidence: 0.933460841153846

 $00:22:19.420 \longrightarrow 00:22:21.305$ Tailored messaging about goals and

NOTE Confidence: 0.933460841153846

 $00:22:21.305 \longrightarrow 00:22:23.555$ values and preferences and giving people

NOTE Confidence: 0.933460841153846

 $00{:}22{:}23.555 \dashrightarrow 00{:}22{:}26.019$ the time they need to make these decisions.

NOTE Confidence: 0.933460841153846

 $00:22:26.020 \longrightarrow 00:22:28.180$ So that means starting way upfront

NOTE Confidence: 0.933460841153846

 $00:22:28.180 \longrightarrow 00:22:30.201$ from when people were actually

NOTE Confidence: 0.933460841153846

 $00:22:30.201 \longrightarrow 00:22:32.704$ having conversations about this at

NOTE Confidence: 0.933460841153846

00:22:32.704 --> 00:22:35.368 a point which made some oncologists

NOTE Confidence: 0.933460841153846

00:22:35.368 --> 00:22:36.256 very uncomfortable.

NOTE Confidence: 0.933460841153846

 $00:22:36.260 \longrightarrow 00:22:38.108$ So we would start at diagnosis

NOTE Confidence: 0.933460841153846

 $00:22:38.108 \longrightarrow 00:22:39.340$ if not before diagnosis,

NOTE Confidence: 0.933460841153846

 $00{:}22{:}39.340 \dashrightarrow 00{:}22{:}42.100$ before the 1st oncologist visit.

NOTE Confidence: 0.933460841153846

00:22:42.100 --> 00:22:45.656 Discussing this is part of usual care

NOTE Confidence: 0.933460841153846

 $00{:}22{:}45.660 \dashrightarrow 00{:}22{:}48.186$ and the last was helping patients.

 $00:22:48.190 \longrightarrow 00:22:49.710$ With advanced directive completion.

NOTE Confidence: 0.933460841153846

00:22:49.710 --> 00:22:51.230 Completion of documents like

NOTE Confidence: 0.933460841153846

00:22:51.230 --> 00:22:52.790 the Stanford letter project,

NOTE Confidence: 0.933460841153846

00:22:52.790 --> 00:22:54.869 which wasn't in existence at the time,

NOTE Confidence: 0.933460841153846

00:22:54.870 --> 00:22:57.290 developed by BJ Perry Acoyle

NOTE Confidence: 0.933460841153846

00:22:57.290 --> 00:22:59.710 using sudor Rebecca Sudor's work,

NOTE Confidence: 0.933460841153846

00:22:59.710 --> 00:23:02.086 but really ending up really completing

NOTE Confidence: 0.933460841153846

 $00:23:02.086 \longrightarrow 00:23:04.162$ those documents but also getting

NOTE Confidence: 0.933460841153846

 $00{:}23{:}04.162 \longrightarrow 00{:}23{:}06.307$ the tailored support they needed.

NOTE Confidence: 0.933460841153846

 $00:23:06.310 \longrightarrow 00:23:07.450$ And it's easier.

NOTE Confidence: 0.933460841153846

00:23:07.450 --> 00:23:10.862 If you just hear this, let me see.

NOTE Confidence: 0.933460841153846

00:23:10.862 --> 00:23:13.990 Not sure how the video will work?

NOTE Confidence: 0.933460841153846

00:23:13.990 --> 00:23:14.830 Let me see if I can.

NOTE Confidence: 0.7898309

 $00:23:23.820 \longrightarrow 00:23:24.380$ Let's see,

NOTE Confidence: 0.9402536

 $00:23:42.300 \longrightarrow 00:23:42.580$ let's see.

 $00:23:49.720 \longrightarrow 00:23:51.200$ Is there anyone that can help? Do you

NOTE Confidence: 0.8463328

 $00:23:53.720 \longrightarrow 00:23:55.397$ think anyone can help me with the video?

NOTE Confidence: 0.936899133333333

 $00:24:07.760 \longrightarrow 00:24:08.318$ What was that?

NOTE Confidence: 0.93773775

 $00:24:11.360 \longrightarrow 00:24:12.320$ This one? The right

NOTE Confidence: 0.9352219

 $00:24:16.760 \longrightarrow 00:24:17.160$ one? More.

NOTE Confidence: 0.9402536

 $00:24:19.840 \longrightarrow 00:24:20.360$ Let's see. NOTE Confidence: 0.94360806666666667

 $00:24:23.240 \longrightarrow 00:24:23.918$ Is your primary

NOTE Confidence: 0.80452836

 $00:24:24.040 \longrightarrow 00:24:25.240$ goal to fight parts to

NOTE Confidence: 0.9368991333333333

00:24:25.280 --> 00:24:26.276 make sure it's out of yours?

NOTE Confidence: 0.87069165

00:24:28.200 --> 00:24:28.560 Really, it's

NOTE Confidence: 0.893694453333333

 $00{:}24{:}29.760 \dashrightarrow 00{:}24{:}31.015$ your primary goal to fight

NOTE Confidence: 0.893694453333333

 $00:24:31.015 \longrightarrow 00:24:32.680$ parts to make sure it's out of.

NOTE Confidence: 0.9100634 00:24:34.760 --> 00:24:34.800 I

NOTE Confidence: 0.95590777777778

 $00{:}24{:}36.880 \rightarrow 00{:}24{:}38.770$ don't want to die. Bloomberg meets

NOTE Confidence: 0.95590777777778

00:24:38.770 --> 00:24:39.880 regularly with healthier checks.

NOTE Confidence: 0.950317

00:24:42.960 --> 00:24:47.160 I'm sharing. I'm sharing the sharing,

00:24:50.720 --> 00:24:53.960 if not shared one. That's that's sharing and

NOTE Confidence: 0.81365296

 $00:24:57.240 \longrightarrow 00:24:58.080$ there on the last one.

NOTE Confidence: 0.833872433333333

 $00:25:00.770 \longrightarrow 00:25:03.090$ Just click that. OK.

NOTE Confidence: 0.89560035

 $00:25:08.370 \longrightarrow 00:25:11.430$ Thank you. You gotta get

NOTE Confidence: 0.89560035

 $00:25:11.430 \longrightarrow 00:25:12.689$ it again. It came on.

NOTE Confidence: 0.94427896

 $00:25:15.970 \longrightarrow 00:25:18.050$ No, that's fine. That's fine.

NOTE Confidence: 0.94427896

 $00:25:18.050 \longrightarrow 00:25:22.610$ Just go to share screen. Sure sense.

NOTE Confidence: 0.94427896

 $00{:}25{:}22.610 \dashrightarrow 00{:}25{:}23.968$ Now you can select the then you

NOTE Confidence: 0.936899133333333

 $00:25:26.570 \longrightarrow 00:25:27.209$ go share. Yeah.

NOTE Confidence: 0.94276939

 $00:25:37.250 \longrightarrow 00:25:38.330$ Is your primary goal

NOTE Confidence: 0.936594124545455

 $00:25:38.330 \longrightarrow 00:25:39.203$ to fight this?

NOTE Confidence: 0.936594124545455

00:25:39.203 --> 00:25:41.770 To make sure it's out of your system?

NOTE Confidence: 0.936594124545455

 $00{:}25{:}41.770 --> 00{:}25{:}42.330$ I don't want to die.

NOTE Confidence: 0.936594124545455

 $00{:}25{:}42.330 \dashrightarrow 00{:}25{:}44.528$ I got lots of things to do.

NOTE Confidence: 0.936594124545455

 $00:25:44.530 \longrightarrow 00:25:47.010$ Blumberg meets regularly with healthcare.

00:25:47.010 --> 00:25:49.050 Coach Laviba share a

NOTE Confidence: 0.936594124545455

 $00{:}25{:}49.050 \dashrightarrow 00{:}25{:}51.090$ compassionate ear shares role,

NOTE Confidence: 0.936594124545455

 $00:25:51.090 \longrightarrow 00:25:53.166$ is to provide the big picture

NOTE Confidence: 0.936594124545455

 $00:25:53.170 \longrightarrow 00:25:54.630$ to help patients think

NOTE Confidence: 0.936594124545455

 $00:25:54.630 \longrightarrow 00:25:56.090$ about how cancer treatment.

NOTE Confidence: 0.936594124545455

 $00:25:56.090 \longrightarrow 00:25:57.682$ Will fit in with the way they want

NOTE Confidence: 0.936594124545455

 $00:25:57.682 \longrightarrow 00:25:59.250$ to spend the rest of their lives.

NOTE Confidence: 0.93306538

 $00:26:00.730 \longrightarrow 00:26:02.070$ Can I learn a little bit more about

NOTE Confidence: 0.93306538

 $00{:}26{:}02.070 \dashrightarrow 00{:}26{:}03.690$ what it is that you want to do? Well,

NOTE Confidence: 0.882274801666667

00:26:05.170 --> 00:26:07.846 I wanna do some more traveling.

NOTE Confidence: 0.882274801666667

 $00{:}26{:}07.850 \dashrightarrow 00{:}26{:}09.650$ I wanna spend time with my kids getting a

NOTE Confidence: 0.975475425

 $00{:}26{:}12.850 \dashrightarrow 00{:}26{:}16.109$ little emotional. What are they

NOTE Confidence: 0.975475425

 $00:26:16.109 \longrightarrow 00:26:18.574$ getting from you that they don't

NOTE Confidence: 0.975475425

00:26:18.574 --> 00:26:20.850 get from anyone else? Well, they

NOTE Confidence: 0.773557576666667

 $00:26:20.850 \longrightarrow 00:26:21.930$ get someone who's

NOTE Confidence: 0.965412025

 $00:26:21.970 \longrightarrow 00:26:24.240$ actually helping them through their care.

00:26:24.240 --> 00:26:25.870 With me they're actually discussing things.

NOTE Confidence: 0.965412025

00:26:25.870 --> 00:26:27.186 What they're feeling, what they're

NOTE Confidence: 0.965412025

00:26:27.186 --> 00:26:30.080 going through, what they want to do,

NOTE Confidence: 0.94025356

 $00:26:32.120 \longrightarrow 00:26:33.850$ what they what they understand

NOTE Confidence: 0.94025356

 $00:26:33.850 \longrightarrow 00:26:35.080$ is their prognosis.

NOTE Confidence: 0.94025356

00:26:35.080 --> 00:26:37.348 I just decided not to go through

NOTE Confidence: 0.94025356

 $00:26:37.348 \longrightarrow 00:26:39.222$ the treatment patients like

NOTE Confidence: 0.94025356

00:26:39.222 --> 00:26:42.277 47 year old Raphael Arias,

NOTE Confidence: 0.94025356

 $00:26:42.280 \longrightarrow 00:26:43.960$ a former army police officer.

NOTE Confidence: 0.94025356

 $00:26:43.960 \longrightarrow 00:26:47.040$ Arias is suffering from a recurrent sarcoma

NOTE Confidence: 0.94025356

 $00{:}26{:}47.040 \dashrightarrow 00{:}26{:}49.999$ and has already lost a leg to cancer.

NOTE Confidence: 0.94025356

 $00:26:50.000 \longrightarrow 00:26:52.060$ Right now we just.

NOTE Confidence: 0.94025356

 $00{:}26{:}52.060 \dashrightarrow 00{:}26{:}54.454$ I'm trying to do take advantage of

NOTE Confidence: 0.94025356

 $00:26:54.460 \longrightarrow 00:26:56.700$ the fact that I'm still here and

NOTE Confidence: 0.94025356

 $00:26:56.700 \longrightarrow 00:27:00.820$ trying to do something so all I can.

00:27:00.820 --> 00:27:02.178 Why have you decided not to have?

NOTE Confidence: 0.94025356

 $00{:}27{:}02.180 \dashrightarrow 00{:}27{:}06.851$ Chemotherapy made me sick and

NOTE Confidence: 0.94025356

 $00:27:06.851 \longrightarrow 00:27:09.659$ within a week we had to stop it.

NOTE Confidence: 0.94025356

 $00:27:09.660 \longrightarrow 00:27:12.180$ So as difficult as it was,

NOTE Confidence: 0.94025356

 $00:27:12.180 \longrightarrow 00:27:16.776$ I just decided not to go through with it.

NOTE Confidence: 0.94025356

 $00:27:16.780 \longrightarrow 00:27:18.502$ You want to have the highest quality

NOTE Confidence: 0.94025356

 $00:27:18.502 \longrightarrow 00:27:20.580$ of life for as long as you have life,

NOTE Confidence: 0.94025356

 $00:27:20.580 \longrightarrow 00:27:20.821$ correct?

NOTE Confidence: 0.94025356

00:27:20.821 --> 00:27:23.310 With a little bit of time that I have left,

NOTE Confidence: 0.937931203846154

00:27:25.630 --> 00:27:28.462 my wife and I have plans of maybe

NOTE Confidence: 0.937931203846154

 $00{:}27{:}28.462 \dashrightarrow 00{:}27{:}30.950$ doing some things before my departure

NOTE Confidence: 0.92012674

 $00:27:33.990 \longrightarrow 00:27:35.389$ is your primary goal.

NOTE Confidence: 0.92012674

00:27:35.389 --> 00:27:37.550 And that was essentially a

NOTE Confidence: 0.9246312545

00:27:37.550 --> 00:27:39.671 7 minute flip. So Al Jazeera America

NOTE Confidence: 0.9246312545

 $00:27:39.671 \longrightarrow 00:27:41.803$ had heard what we were doing and

NOTE Confidence: 0.9246312545

 $00:27:41.803 \longrightarrow 00:27:43.549$ before we had any results back,

 $00:27:43.550 \longrightarrow 00:27:45.860$ they thought it was so fascinating that

NOTE Confidence: 0.9246312545

 $00:27:45.860 \longrightarrow 00:27:48.258$ someone who is not trained medically.

NOTE Confidence: 0.9246312545

 $00:27:48.260 \longrightarrow 00:27:50.507$ Was having what would otherwise be considered

NOTE Confidence: 0.9246312545

 $00:27:50.507 \longrightarrow 00:27:52.140$ a medicalized conversation with patients.

NOTE Confidence: 0.9246312545

 $00:27:52.140 \longrightarrow 00:27:55.260$ Why do we medicalize these conversations?

NOTE Confidence: 0.9246312545

 $00:27:55.260 \longrightarrow 00:27:56.622$ Patients really do need the time

NOTE Confidence: 0.9246312545

 $00:27:56.622 \longrightarrow 00:27:58.577$ to be able to engage in this work.

NOTE Confidence: 0.9246312545

 $00{:}27{:}58.580 \rightarrow 00{:}28{:}00.386$ And while I've had clinical equipoise

NOTE Confidence: 0.9246312545

 $00:28:00.386 \longrightarrow 00:28:02.658$ as to whether or not it would work,

NOTE Confidence: 0.9246312545

 $00:28:02.660 \longrightarrow 00:28:04.472$ we certainly knew that there were

NOTE Confidence: 0.9246312545

 $00:28:04.472 \longrightarrow 00:28:06.251$ facets like these stories where she

NOTE Confidence: 0.9246312545

 $00:28:06.251 \longrightarrow 00:28:08.043$ had spent so much time with patients

NOTE Confidence: 0.9246312545

 $00{:}28{:}08.043 \dashrightarrow 00{:}28{:}10.095$ who would have otherwise in my clinic,

NOTE Confidence: 0.9246312545

 $00:28:10.100 \longrightarrow 00:28:11.720$ had received chemotherapy and

NOTE Confidence: 0.9246312545

 $00:28:11.720 \longrightarrow 00:28:13.340$ gone through with it.

 $00:28:13.340 \longrightarrow 00:28:15.275$ What patients then said was

NOTE Confidence: 0.9246312545

 $00{:}28{:}15.275 \dashrightarrow 00{:}28{:}17.210$ we didn't want to disappoint.

NOTE Confidence: 0.9246312545

 $00:28:17.210 \longrightarrow 00:28:18.050$ Doctor, so and so

NOTE Confidence: 0.946962473333333

00:28:20.210 --> 00:28:21.749 it's very multi,

NOTE Confidence: 0.946962473333333

 $00:28:21.749 \longrightarrow 00:28:24.398$ it's very complex and so we decided

NOTE Confidence: 0.946962473333333

 $00{:}28{:}24.398 \dashrightarrow 00{:}28{:}26.490$ to test this in a randomized trial.

NOTE Confidence: 0.946962473333333

00:28:26.490 --> 00:28:28.962 We heard from oncologists that we

NOTE Confidence: 0.946962473333333

00:28:28.962 --> 00:28:30.911 were potentially causing harm and

NOTE Confidence: 0.9469624733333333

 $00:28:30.911 \longrightarrow 00:28:32.717$ that we would potentially buy this

NOTE Confidence: 0.946962473333333

 $00:28:32.717 \longrightarrow 00:28:34.328$ intervention cause people to die faster.

NOTE Confidence: 0.9469624733333333

 $00:28:34.330 \longrightarrow 00:28:36.087$ So we had to dispel that myth.

NOTE Confidence: 0.946962473333333

 $00:28:36.090 \longrightarrow 00:28:37.962$ We also wanted to see if it was feasible,

NOTE Confidence: 0.946962473333333

 $00:28:37.970 \longrightarrow 00:28:40.616$ can we improve goals of care conversation.

NOTE Confidence: 0.9469624733333333

 $00:28:40.620 \longrightarrow 00:28:42.798$ So we randomized patients stage three

NOTE Confidence: 0.946962473333333

 $00:28:42.798 \longrightarrow 00:28:45.040$ and stage four disease also with

NOTE Confidence: 0.946962473333333

 $00{:}28{:}45.040 \dashrightarrow 00{:}28{:}46.855$ recurrence of cancer agnostic to

 $00:28:46.855 \longrightarrow 00:28:48.698$ disease into this intervention that

NOTE Confidence: 0.946962473333333

00:28:48.698 --> 00:28:51.113 you just saw clips of versus usual

NOTE Confidence: 0.946962473333333

00:28:51.113 --> 00:28:53.848 care and we measured goals of care

NOTE Confidence: 0.946962473333333

00:28:53.848 --> 00:28:55.976 documentation as well as patient

NOTE Confidence: 0.946962473333333

 $00:28:55.976 \longrightarrow 00:28:58.694$ experiences and total cost of care.

NOTE Confidence: 0.946962473333333

 $00:28:58.700 \longrightarrow 00:29:00.240$ We randomized 213 patients

NOTE Confidence: 0.946962473333333

 $00:29:00.240 \longrightarrow 00:29:01.780$ in this consort diagram.

NOTE Confidence: 0.946962473333333

 $00:29:01.780 \longrightarrow 00:29:03.985$ You see 100 and 805 respectively in

NOTE Confidence: 0.946962473333333

 $00{:}29{:}03.985 \dashrightarrow 00{:}29{:}06.179$ the control group in the intervention.

NOTE Confidence: 0.946962473333333

 $00{:}29{:}06.180 \dashrightarrow 00{:}29{:}07.720$ It was blocked randomized

NOTE Confidence: 0.946962473333333

 $00:29:07.720 \longrightarrow 00:29:08.875$ by cancer diagnosis.

NOTE Confidence: 0.946962473333333

 $00:29:08.880 \longrightarrow 00:29:09.978$ And because it was in the

NOTE Confidence: 0.946962473333333

00:29:09.978 --> 00:29:11.319 VA and we had claims data,

NOTE Confidence: 0.946962473333333

 $00:29:11.320 \longrightarrow 00:29:13.360$ we could conduct an intent to treat analysis.

NOTE Confidence: 0.946962473333333

 $00:29:13.360 \longrightarrow 00:29:15.598$ So despite loss of follow up,

 $00:29:15.600 \longrightarrow 00:29:18.133$ we were actually able to complete

NOTE Confidence: 0.946962473333333

 $00:29:18.133 \longrightarrow 00:29:20.851$ the entire ITT for the patients

NOTE Confidence: 0.946962473333333

 $00:29:20.851 \longrightarrow 00:29:23.120$ that were initially randomized.

NOTE Confidence: 0.946962473333333

 $00:29:23.120 \longrightarrow 00:29:26.600$ And what we found was shocking to me.

NOTE Confidence: 0.946962473333333

 $00:29:26.600 \longrightarrow 00:29:28.436$ This is goals of care documentation

NOTE Confidence: 0.946962473333333

 $00:29:28.436 \longrightarrow 00:29:29.354$ by the oncologists,

NOTE Confidence: 0.946962473333333

00:29:29.360 --> 00:29:31.840 many of whom were opposed to this model,

NOTE Confidence: 0.946962473333333

 $00:29:31.840 \longrightarrow 00:29:33.605$ many of whom didn't even

NOTE Confidence: 0.946962473333333

00:29:33.605 --> 00:29:36.160 know that it was happening.

NOTE Confidence: 0.946962473333333

 $00:29:36.160 \longrightarrow 00:29:38.090$ It was in the background.

NOTE Confidence: 0.946962473333333

 $00:29:38.090 \longrightarrow 00:29:39.370$ No interaction between the

NOTE Confidence: 0.946962473333333

00:29:39.370 --> 00:29:40.330 Community health worker,

NOTE Confidence: 0.946962473333333

00:29:40.330 --> 00:29:43.330 lay health worker and the oncologist,

NOTE Confidence: 0.9469624733333333

 $00:29:43.330 \longrightarrow 00:29:46.160$ but yet patients were being

NOTE Confidence: 0.946962473333333

00:29:46.160 --> 00:29:48.230 activated to tell their physician,

NOTE Confidence: 0.946962473333333

 $00:29:48.230 \longrightarrow 00:29:51.042$ I don't have the goals of care

00:29:51.042 --> 00:29:53.810 document and can you print it out

NOTE Confidence: 0.946962473333333

 $00:29:53.810 \longrightarrow 00:29:55.525$ because the community health worker

NOTE Confidence: 0.946962473333333

 $00{:}29{:}55.525 \rightarrow 00{:}29{:}57.636$ was helping to engage patients in

NOTE Confidence: 0.946962473333333

 $00:29:57.636 \longrightarrow 00:29:59.326$ these conversations saying if your

NOTE Confidence: 0.946962473333333

00:29:59.326 --> 00:30:00.890 oncologist doesn't bring it up,

NOTE Confidence: 0.946962473333333

 $00:30:00.890 \longrightarrow 00:30:02.528$ you need to bring it up.

NOTE Confidence: 0.946962473333333

 $00:30:02.530 \longrightarrow 00:30:04.946$ And we found that this also led to

NOTE Confidence: 0.946962473333333

 $00:30:04.946 \longrightarrow 00:30:06.829$ improvements in advanced directives.

NOTE Confidence: 0.946962473333333

 $00:30:06.830 \longrightarrow 00:30:07.985$ As we anticipated,

NOTE Confidence: 0.946962473333333

00:30:07.985 --> 00:30:09.910 if you have tailored assistance,

NOTE Confidence: 0.9469624733333333

 $00:30:09.910 \longrightarrow 00:30:11.838$ you're more likely to be able to complete

NOTE Confidence: 0.946962473333333

 $00:30:11.838 \dashrightarrow 00:30:13.469$ the advance directive documentation.

NOTE Confidence: 0.946962473333333

 $00:30:13.470 \longrightarrow 00:30:15.030$ And this changed over time.

NOTE Confidence: 0.946962473333333

 $00:30:15.030 \longrightarrow 00:30:17.061$ We had to dispel the myth that

NOTE Confidence: 0.946962473333333

 $00:30:17.061 \longrightarrow 00:30:18.416$ because you have an advance

00:30:18.416 --> 00:30:20.030 directive that you can't change it.

NOTE Confidence: 0.946962473333333

 $00{:}30{:}20.030 \dashrightarrow 00{:}30{:}21.230$ You actually can change it.

NOTE Confidence: 0.946962473333333

00:30:21.230 --> 00:30:22.214 So it's a living,

NOTE Confidence: 0.946962473333333

 $00:30:22.214 \longrightarrow 00:30:24.270$ it's meant to be a living document.

NOTE Confidence: 0.946962473333333

 $00:30:24.270 \longrightarrow 00:30:27.504$ And so we would update the advance

NOTE Confidence: 0.946962473333333

00:30:27.504 --> 00:30:30.628 directive as People's Life course changed.

NOTE Confidence: 0.946962473333333

 $00:30:30.630 \longrightarrow 00:30:32.709$ We found that patient satisfaction went up.

NOTE Confidence: 0.946962473333333

 $00:30:32.710 \longrightarrow 00:30:35.300$ This was using the consumer assessment of.

NOTE Confidence: 0.946962473333333

 $00{:}30{:}35.300 \dashrightarrow 00{:}30{:}37.140$ Of healthcare providers and

NOTE Confidence: 0.946962473333333

00:30:37.140 --> 00:30:38.980 healthcare systems General survey,

NOTE Confidence: 0.9469624733333333

 $00{:}30{:}38.980 \dashrightarrow 00{:}30{:}41.224$ the question of would you recommend

NOTE Confidence: 0.946962473333333

 $00:30:41.224 \longrightarrow 00:30:43.817$ care on a scale of zero to 10?

NOTE Confidence: 0.946962473333333

 $00{:}30{:}43.820 \dashrightarrow 00{:}30{:}45.420$ How satisfied are you with

NOTE Confidence: 0.9469624733333333

 $00:30:45.420 \longrightarrow 00:30:46.380$ your clinical team?

NOTE Confidence: 0.946962473333333

00:30:46.380 --> 00:30:48.180 10 being a very high satisfaction,

NOTE Confidence: 0.946962473333333

 $00:30:48.180 \longrightarrow 00:30:50.651$ 0 being low satisfaction and what we

 $00:30:50.651 \longrightarrow 00:30:53.684$ found over time in the blue line is

NOTE Confidence: 0.946962473333333

 $00:30:53.684 \longrightarrow 00:30:55.584$ that the intervention group improved

NOTE Confidence: 0.946962473333333

 $00:30:55.660 \longrightarrow 00:30:57.700$ and the control group decline.

NOTE Confidence: 0.946962473333333

 $00:30:57.700 \longrightarrow 00:30:59.980$ We did not cause harm.

NOTE Confidence: 0.946962473333333

00:30:59.980 --> 00:31:01.540 So unlike Jennifer Tumels model,

NOTE Confidence: 0.946962473333333

00:31:01.540 --> 00:31:02.520 which I'll show you,

NOTE Confidence: 0.946962473333333

 $00:31:02.520 \longrightarrow 00:31:03.500$ we improved palliative care.

NOTE Confidence: 0.946962473333333

 $00{:}31{:}03.500 \dashrightarrow 00{:}31{:}05.540$ We didn't find a survival benefit,

NOTE Confidence: 0.946962473333333

 $00:31:05.540 \longrightarrow 00:31:08.602$ but we dispelled the myth that we

NOTE Confidence: 0.946962473333333

00:31:08.602 --> 00:31:10.257 were making people die faster.

NOTE Confidence: 0.935940714285714

 $00:31:13.100 \longrightarrow 00:31:14.612$ But what we showed was at the end

NOTE Confidence: 0.935940714285714

 $00:31:14.612 \longrightarrow 00:31:16.059$ of life there was better care,

NOTE Confidence: 0.950317

00:31:18.540 --> 00:31:20.616 95% reduction in acute care use,

NOTE Confidence: 0.950317

 $00:31:20.620 \longrightarrow 00:31:23.924$ almost doubling of Hospice utilization and

NOTE Confidence: 0.950317

 $00:31:23.924 \longrightarrow 00:31:25.860$ the baseline in the BA is high as you know,

00:31:25.860 --> 00:31:28.335 because we can provide Hospice

NOTE Confidence: 0.950317

 $00{:}31{:}28.335 \dashrightarrow 00{:}31{:}29.820$ concurrently with care.

NOTE Confidence: 0.950317

 $00:31:29.820 \longrightarrow 00:31:31.578$ Why that's not closer to 100%.

NOTE Confidence: 0.950317

 $00:31:31.580 \longrightarrow 00:31:33.372$ There are many issues,

NOTE Confidence: 0.950317

 $00:31:33.372 \longrightarrow 00:31:35.615$ but we were able to actually

NOTE Confidence: 0.950317

 $00:31:35.615 \longrightarrow 00:31:37.860$ double that to close to 100%.

NOTE Confidence: 0.950317

 $00:31:37.860 \longrightarrow 00:31:40.060$ And we found in the last month of

NOTE Confidence: 0.950317

 $00:31:40.060 \longrightarrow 00:31:41.780$ life not only were total cost,

NOTE Confidence: 0.950317

 $00:31:41.780 \longrightarrow 00:31:43.752$ median total cost lower,

NOTE Confidence: 0.950317

 $00:31:43.752 \longrightarrow 00:31:46.217$ but you see that variation.

NOTE Confidence: 0.950317

00:31:46.220 --> 00:31:50.006 This is a mazing to me is how

NOTE Confidence: 0.950317

 $00:31:50.006 \longrightarrow 00:31:52.618$ narrow that variation is.

NOTE Confidence: 0.950317

00:31:52.620 --> 00:31:57.174 You've removed the outliers 1 outlier,

NOTE Confidence: 0.950317

 $00:31:57.174 \longrightarrow 00:32:00.876$ 1 outlier can do you in.

NOTE Confidence: 0.950317

 $00:32:00.880 \longrightarrow 00:32:02.945$ That variation is really what

NOTE Confidence: 0.950317

00:32:02.945 --> 00:32:06.240 we want to try to improve upon.

 $00:32:06.240 \longrightarrow 00:32:07.440$ And so at the same time,

NOTE Confidence: 0.950317

 $00:32:07.440 \longrightarrow 00:32:08.880$ I wanted to test the symptom

NOTE Confidence: 0.950317

00:32:08.880 --> 00:32:09.748 management model, right,

NOTE Confidence: 0.950317

00:32:09.748 --> 00:32:11.688 the Community health worker conducting

NOTE Confidence: 0.950317

 $00{:}32{:}11.688 \dashrightarrow 00{:}32{:}13.240$ this proactive symptom assessments.

NOTE Confidence: 0.950317

 $00:32:13.240 \longrightarrow 00:32:15.040$ It wasn't a novel idea.

NOTE Confidence: 0.950317

00:32:15.040 --> 00:32:17.170 Kurt Kerlan Key and the VA had

NOTE Confidence: 0.950317

 $00:32:17.170 \longrightarrow 00:32:18.760$ been conducting this with a nurse.

NOTE Confidence: 0.950317

 $00:32:18.760 \longrightarrow 00:32:20.202$ What was novel about it is that

NOTE Confidence: 0.950317

 $00:32:20.202 \longrightarrow 00:32:21.760$ you would have a lay health worker,

NOTE Confidence: 0.950317

 $00:32:21.760 \longrightarrow 00:32:24.030$ community health worker conducting this.

NOTE Confidence: 0.950317

 $00:32:24.030 \dashrightarrow 00:32:26.102$ It was novel at the time because we

NOTE Confidence: 0.950317

 $00{:}32{:}26.102 \dashrightarrow 00{:}32{:}27.734$ really had very limited proactive

NOTE Confidence: 0.950317

 $00:32:27.734 \longrightarrow 00:32:29.834$ reach out to patients across the

NOTE Confidence: 0.950317

 $00:32:29.834 \longrightarrow 00:32:31.710$ United States to assess symptoms.

 $00:32:31.710 \longrightarrow 00:32:34.504$ And so I went to Southern California

NOTE Confidence: 0.950317

 $00{:}32{:}34.504 \dashrightarrow 00{:}32{:}36.989$ and interestingly enough I had

NOTE Confidence: 0.950317

 $00:32:36.989 \longrightarrow 00:32:38.894$ been giving presentations about

NOTE Confidence: 0.950317

 $00:32:38.894 \longrightarrow 00:32:40.970$ this model hoping that we would

NOTE Confidence: 0.950317

 $00:32:40.970 \longrightarrow 00:32:42.670$ find pilot test partners.

NOTE Confidence: 0.950317

00:32:42.670 --> 00:32:44.920 Most of the time I got the door slammed in

NOTE Confidence: 0.950317

 $00:32:44.977 \longrightarrow 00:32:47.065$ my face again was was before the A/C A,

NOTE Confidence: 0.950317

 $00:32:47.070 \longrightarrow 00:32:49.526$ so payers did not want to be involved

NOTE Confidence: 0.950317

 $00:32:49.526 \longrightarrow 00:32:51.546$ in something that seemed like thanks

NOTE Confidence: 0.950317

00:32:51.546 --> 00:32:54.830 to Sarah Palin going to death panel.

NOTE Confidence: 0.950317

 $00{:}32{:}54.830 \dashrightarrow 00{:}32{:}56.564$ Even though we had payers at

NOTE Confidence: 0.950317

 $00:32:56.564 \longrightarrow 00:32:58.110$ the table designing the model,

NOTE Confidence: 0.950317

 $00:32:58.110 \longrightarrow 00:33:00.614$ they did not want to be involved in it.

NOTE Confidence: 0.950317

 $00:33:00.614 \longrightarrow 00:33:02.970$ And so care more the woman that was

NOTE Confidence: 0.950317

 $00:33:02.970 \longrightarrow 00:33:04.670$ in charge of care more at the time,

NOTE Confidence: 0.950317

 $00:33:04.670 \longrightarrow 00:33:09.990$ laviba, she ended up having breast cancer.

 $00:33:09.990 \longrightarrow 00:33:11.946$ And so this story resonated with

NOTE Confidence: 0.950317

00:33:11.946 --> 00:33:13.710 her on a personal level.

NOTE Confidence: 0.950317

 $00:33:13.710 \longrightarrow 00:33:14.830$ And she said, look,

NOTE Confidence: 0.950317

00:33:14.830 --> 00:33:16.510 if you can find an oncology

NOTE Confidence: 0.950317

 $00:33:16.576 \longrightarrow 00:33:18.518$ practice that's willing to help,

NOTE Confidence: 0.950317

 $00:33:18.518 \longrightarrow 00:33:20.790$ we will do one piece of your model.

NOTE Confidence: 0.950317

00:33:20.790 --> 00:33:21.085 Actually,

NOTE Confidence: 0.950317

 $00{:}33{:}21.085 \dashrightarrow 00{:}33{:}22.855$ we'll do the advanced care planning.

NOTE Confidence: 0.950317

 $00:33:22.860 \longrightarrow 00:33:24.878$ And we'll do the symptom management again.

NOTE Confidence: 0.950317

 $00{:}33{:}24.878 \dashrightarrow 00{:}33{:}26.684$ We didn't have the data from the

NOTE Confidence: 0.950317

 $00{:}33{:}26.684 \dashrightarrow 00{:}33{:}28.500$ VA because it was at the same time,

NOTE Confidence: 0.950317

 $00:33:28.500 \longrightarrow 00:33:28.738$ well,

NOTE Confidence: 0.950317

 $00{:}33{:}28.738 \dashrightarrow 00{:}33{:}29.928$ we found an oncologist practice

NOTE Confidence: 0.950317

 $00:33:29.928 \longrightarrow 00:33:31.724$ that was willing to do the symptom

NOTE Confidence: 0.950317

00:33:31.724 --> 00:33:32.258 management piece.

00:33:32.260 --> 00:33:33.737 Again did not want to have anything

NOTE Confidence: 0.950317

 $00:33:33.737 \longrightarrow 00:33:35.320$ to do with the advanced care

NOTE Confidence: 0.950317

 $00{:}33{:}35.320 \dashrightarrow 00{:}33{:}37.816$ planning and they said we need a

NOTE Confidence: 0.950317

 $00:33:37.816 \longrightarrow 00:33:40.618$ per member per month fee to do this.

NOTE Confidence: 0.950317

 $00:33:40.620 \longrightarrow 00:33:41.820$ This was before OCM,

NOTE Confidence: 0.950317

 $00:33:41.820 \longrightarrow 00:33:43.020$ the oncology care model,

NOTE Confidence: 0.950317

 $00{:}33{:}43.020 \dashrightarrow 00{:}33{:}45.072$ which now reimburses or had been

NOTE Confidence: 0.950317

 $00:33:45.072 \longrightarrow 00:33:46.817$ reimbursing for some of these

NOTE Confidence: 0.950317

 $00{:}33{:}46.817 \dashrightarrow 00{:}33{:}49.008$ services and now there's a new OCM.

NOTE Confidence: 0.950317

 $00:33:49.010 \longrightarrow 00:33:50.900$ So this was before that time and

NOTE Confidence: 0.950317

 $00{:}33{:}50.900 \dashrightarrow 00{:}33{:}53.133$ it was kind of unprecedented for a

NOTE Confidence: 0.950317

 $00:33:53.133 \longrightarrow 00:33:56.038$ payer to be providing a lot of this

NOTE Confidence: 0.950317

 $00:33:56.038 \longrightarrow 00:33:59.290$ upfront payment to many of these practices.

NOTE Confidence: 0.950317

 $00:33:59.290 \longrightarrow 00:34:01.999$ And then we did a back of the envelope

NOTE Confidence: 0.950317

 $00:34:01.999 \longrightarrow 00:34:04.048$ calculation and there is a misalignment.

NOTE Confidence: 0.950317

 $00:34:04.050 \longrightarrow 00:34:06.408$ All this work that we do in our clinics

 $00:34:06.410 \longrightarrow 00:34:08.570$ to try to save patients symptoms,

NOTE Confidence: 0.950317

 $00:34:08.570 \longrightarrow 00:34:10.370$ try to improve their symptoms,

NOTE Confidence: 0.9464083

 $00{:}34{:}10.370 \dashrightarrow 00{:}34{:}12.480$ it's going to reduce emergency

NOTE Confidence: 0.9464083

 $00:34:12.480 \longrightarrow 00:34:14.168$ department visits and hospitalizations.

NOTE Confidence: 0.9464083

00:34:14.170 --> 00:34:16.564 And if it's not an integrated system,

NOTE Confidence: 0.9464083

00:34:16.570 --> 00:34:19.650 guess what? You've input a lot of effort

NOTE Confidence: 0.9464083

00:34:19.650 --> 00:34:22.399 into something that you're getting no

NOTE Confidence: 0.9464083

 $00:34:22.399 \longrightarrow 00:34:25.255$ reimbursement for as a practicing oncologist.

NOTE Confidence: 0.9464083

00:34:25.260 --> 00:34:27.220 So we took that model to care more and said,

NOTE Confidence: 0.9464083

00:34:27.220 --> 00:34:28.780 look, you're getting this much,

NOTE Confidence: 0.9464083

00:34:28.780 --> 00:34:31.620 if it were to work, which we think it will,

NOTE Confidence: 0.9464083

00:34:31.620 --> 00:34:33.153 you're going to get X percentage, right?

NOTE Confidence: 0.9464083

 $00{:}34{:}33.153 \dashrightarrow 00{:}34{:}34.644$ We think that we're going to save

NOTE Confidence: 0.9464083

 $00{:}34{:}34.644 \dashrightarrow 00{:}34{:}36.096$ 20% net implementation costs.

NOTE Confidence: 0.9464083

 $00:34:36.096 \longrightarrow 00:34:38.568$ So if we think that you're

 $00:34:38.568 \longrightarrow 00:34:40.339$ going to save the money,

NOTE Confidence: 0.9464083

00:34:40.340 --> 00:34:41.744 it's important that you

NOTE Confidence: 0.9464083

 $00:34:41.744 \longrightarrow 00:34:43.148$ pay for the intervention.

NOTE Confidence: 0.9464083

00:34:43.150 --> 00:34:45.013 And we're going to make it a low cost

NOTE Confidence: 0.9464083

00:34:45.013 --> 00:34:46.307 intervention using lay health workers,

NOTE Confidence: 0.9464083

 $00:34:46.310 \longrightarrow 00:34:48.230$ not a nurse sled model.

NOTE Confidence: 0.9464083

 $00:34:48.230 \longrightarrow 00:34:50.894$ And you can create a shared savings model

NOTE Confidence: 0.9464083

 $00:34:50.894 \longrightarrow 00:34:53.945$ where a third will go back to the patient,

NOTE Confidence: 0.9464083

 $00:34:53.950 \longrightarrow 00:34:55.735 1/3$ will go to the clinical team

NOTE Confidence: 0.9464083

 $00:34:55.735 \longrightarrow 00:34:57.547$ and a third will go into you.

NOTE Confidence: 0.9464083

 $00{:}34{:}57.550 \dashrightarrow 00{:}35{:}01.225$ And they agreed the oncology practice

NOTE Confidence: 0.9464083

 $00:35:01.225 \longrightarrow 00:35:03.150$ then had one more negotiation.

NOTE Confidence: 0.9464083

 $00:35:03.150 \longrightarrow 00:35:05.590$ They wanted all market share.

NOTE Confidence: 0.9464083

00:35:05.590 --> 00:35:08.100 Every beneficiary from this Medicare

NOTE Confidence: 0.9464083

00:35:08.100 --> 00:35:11.503 Advantage group was going to go singly

NOTE Confidence: 0.9464083

 $00:35:11.503 \longrightarrow 00:35:13.933$ in Fullerton to this one clinic.

 $00:35:13.940 \longrightarrow 00:35:14.858$ Care MORE agreed,

NOTE Confidence: 0.93019013

 $00:35:16.940 \longrightarrow 00:35:18.980$ so we tested it.

NOTE Confidence: 0.93019013

00:35:18.980 --> 00:35:20.700 Lay health worker was embedded,

NOTE Confidence: 0.93019013

00:35:20.700 --> 00:35:23.058 paid for by care more advantage,

NOTE Confidence: 0.93019013

 $00:35:23.060 \longrightarrow 00:35:26.060$ Medicare Advantage embedded in the clinic,

NOTE Confidence: 0.93019013

 $00:35:26.060 \longrightarrow 00:35:28.340$ did weekly phone calls with patients.

NOTE Confidence: 0.93019013

 $00:35:28.340 \longrightarrow 00:35:30.470$ Initially we started with patients

NOTE Confidence: 0.93019013

00:35:30.470 --> 00:35:32.990 that had advanced stages and then we

NOTE Confidence: 0.93019013

 $00:35:32.990 \longrightarrow 00:35:34.610$ moved more upstream to patients with

NOTE Confidence: 0.93019013

 $00{:}35{:}34.610 \dashrightarrow 00{:}35{:}36.672$ all stages after a couple of years

NOTE Confidence: 0.93019013

00:35:36.672 --> 00:35:38.359 because the clinic really liked it.

NOTE Confidence: 0.93019013

 $00:35:38.360 \longrightarrow 00:35:40.586$ And we showed in two they would

NOTE Confidence: 0.93019013

 $00{:}35{:}40.586 \dashrightarrow 00{:}35{:}41.960$ review symptoms using esass,

NOTE Confidence: 0.93019013

 $00:35:41.960 \longrightarrow 00:35:44.270$ how many of you all know esass

NOTE Confidence: 0.93019013

 $00:35:44.270 \longrightarrow 00:35:45.720$ Edmonton Symptom assessment system,

 $00:35:45.720 \longrightarrow 00:35:47.688$ it's a scale of zero to

NOTE Confidence: 0.93019013

 $00:35:47.688 \longrightarrow 00:35:49.000$ 10 with multiple symptoms.

NOTE Confidence: 0.93019013

 $00:35:49.000 \longrightarrow 00:35:49.918$ I think there's nine or ten.

NOTE Confidence: 0.93019013

 $00:35:49.920 \longrightarrow 00:35:52.896$ And then there's also another category

NOTE Confidence: 0.93019013

00:35:52.896 --> 00:35:55.360 10 being worse symptom symptomatology

NOTE Confidence: 0.93019013

 $00:35:55.360 \longrightarrow 00:35:58.720$ and sympto burden 0 being less symptoms.

NOTE Confidence: 0.93019013

 $00:35:58.720 \longrightarrow 00:36:00.550$ And what we found was essentially

NOTE Confidence: 0.93019013

 $00:36:00.550 \longrightarrow 00:36:02.417$ for patients and we built this

NOTE Confidence: 0.93019013

 $00{:}36{:}02.417 \dashrightarrow 00{:}36{:}04.175$ into the protocol that any score

NOTE Confidence: 0.93019013

 $00:36:04.175 \longrightarrow 00:36:06.466$ of four above or that changed by

NOTE Confidence: 0.93019013

 $00{:}36{:}06.466 \dashrightarrow 00{:}36{:}08.106$ two points from that assessment.

NOTE Confidence: 0.93019013

 $00:36:08.110 \longrightarrow 00:36:10.582$ Would then get triaged and reviewed

NOTE Confidence: 0.93019013

 $00:36:10.582 \longrightarrow 00:36:12.230$ with a nurse practitioner.

NOTE Confidence: 0.93019013

00:36:12.230 --> 00:36:13.226 The nurse practitioner,

NOTE Confidence: 0.93019013

 $00:36:13.226 \longrightarrow 00:36:15.550$ FTE was also covered by the payer.

NOTE Confidence: 0.938815971428571

 $00:36:18.710 \longrightarrow 00:36:21.069$ And then we decided, wait a minute,

 $00:36:21.070 \longrightarrow 00:36:22.170$ the nurse practitioner is

NOTE Confidence: 0.938815971428571

 $00{:}36{:}22.170 \dashrightarrow 00{:}36{:}23.545$ reviewing all of these symptoms.

NOTE Confidence: 0.938815971428571

 $00:36:23.550 \longrightarrow 00:36:26.790$ Let's build out an automatic referral

NOTE Confidence: 0.938815971428571

00:36:26.790 --> 00:36:28.950 with waived prior authorization.

NOTE Confidence: 0.938815971428571

00:36:28.950 --> 00:36:29.946 Because we're working with the payer,

NOTE Confidence: 0.938815971428571

 $00:36:29.950 \longrightarrow 00:36:31.390$ we can do that.

NOTE Confidence: 0.938815971428571

 $00:36:31.390 \longrightarrow 00:36:33.190$ For symptoms that are escalating,

NOTE Confidence: 0.938815971428571

 $00:36:33.190 \longrightarrow 00:36:34.690$ they would go directly to

NOTE Confidence: 0.938815971428571

 $00{:}36{:}34.690 \dashrightarrow 00{:}36{:}36.190$ palliative care and by pass the

NOTE Confidence: 0.938815971428571

 $00:36:36.246 \longrightarrow 00:36:37.638$ nurse practitioner review.

NOTE Confidence: 0.938815971428571

 $00:36:37.640 \longrightarrow 00:36:39.565$ Or they would go to the behavioral

NOTE Confidence: 0.938815971428571

 $00:36:39.565 \longrightarrow 00:36:41.307$ health services because we were also

NOTE Confidence: 0.938815971428571

 $00{:}36{:}41.307 \dashrightarrow 00{:}36{:}42.757$ screening for anxiety and depression

NOTE Confidence: 0.944566402857143

 $00{:}36{:}45.160 \dashrightarrow 00{:}36{:}48.359$ in a cohort study of 800 patients.

NOTE Confidence: 0.944566402857143

 $00:36:48.360 \longrightarrow 00:36:50.766$ The the cohort of patients that

 $00:36:50.766 \longrightarrow 00:36:52.370$ were receiving intervention versus

NOTE Confidence: 0.944566402857143

 $00:36:52.434 \longrightarrow 00:36:54.436$ a match cohort in the year prior.

NOTE Confidence: 0.944566402857143

 $00:36:54.440 \longrightarrow 00:36:56.640$ We found for Edmonton symptom

NOTE Confidence: 0.944566402857143

 $00:36:56.640 \longrightarrow 00:36:58.388$ Assessment System survey assessment

NOTE Confidence: 0.944566402857143

 $00:36:58.388 \longrightarrow 00:37:00.124$ tools that essentially the

NOTE Confidence: 0.944566402857143

 $00:37:00.124 \longrightarrow 00:37:02.240$ main scores reduced over time.

NOTE Confidence: 0.944566402857143

 $00:37:02.240 \longrightarrow 00:37:04.800$ In this 12 month intervention

NOTE Confidence: 0.944566402857143

 $00:37:04.800 \longrightarrow 00:37:06.950$ the control group went up.

NOTE Confidence: 0.944566402857143

 $00{:}37{:}06.950 \dashrightarrow 00{:}37{:}09.950$ And we also found, not surprisingly,

NOTE Confidence: 0.944566402857143

00:37:09.950 --> 00:37:11.670 better anxiety and depression,

NOTE Confidence: 0.9301902

 $00:37:14.990 \longrightarrow 00:37:19.610$ no harm. So we also can't

NOTE Confidence: 0.9301902

00:37:19.610 --> 00:37:21.470 replicate Ethan Bosch's work.

NOTE Confidence: 0.9301902

 $00:37:21.470 \longrightarrow 00:37:23.030$ But we did find, again,

NOTE Confidence: 0.9301902

 $00:37:23.030 \longrightarrow 00:37:24.470$ very similar reductions.

NOTE Confidence: 0.9301902

 $00:37:24.470 \longrightarrow 00:37:26.510$ And again, this was for all patients,

NOTE Confidence: 0.9301902

 $00:37:26.510 \longrightarrow 00:37:29.630$ not just patients with advanced stages,

 $00:37:29.630 \longrightarrow 00:37:32.437$ but reductions in acute care use and

NOTE Confidence: 0.9301902

 $00:37:32.437 \dashrightarrow 00:37:34.718$ reductions in total costs of care.

NOTE Confidence: 0.9301902

 $00:37:34.720 \longrightarrow 00:37:36.360$ And for the cohort of

NOTE Confidence: 0.9301902

 $00:37:36.360 \longrightarrow 00:37:37.672$ individuals that had died,

NOTE Confidence: 0.9301902

 $00:37:37.680 \longrightarrow 00:37:39.480$ we found very similar findings

NOTE Confidence: 0.9301902

 $00:37:39.480 \longrightarrow 00:37:41.485$ as the VA where at the end

NOTE Confidence: 0.9301902

 $00:37:41.485 \longrightarrow 00:37:43.760$ of life it was better care,

NOTE Confidence: 0.9301902

00:37:43.760 --> 00:37:45.520 better experiences and lower

NOTE Confidence: 0.9301902

 $00:37:45.520 \longrightarrow 00:37:47.800$ total cost of care with again

NOTE Confidence: 0.9301902

 $00{:}37{:}47.800 \dashrightarrow 00{:}37{:}49.800$ drawing in drawing your attention

NOTE Confidence: 0.9301902

 $00:37:49.800 \longrightarrow 00:37:51.600$ to the variation in cost.

NOTE Confidence: 0.94830443

 $00:37:53.720 \dashrightarrow 00:37:55.808$ And so we just finished randomized

NOTE Confidence: 0.94830443

 $00{:}37{:}55.808 \dashrightarrow 00{:}37{:}57.200$ trial of both interventions.

NOTE Confidence: 0.94830443

 $00{:}37{:}57.200 \dashrightarrow 00{:}37{:}59.426$ So layering the the advanced care

NOTE Confidence: 0.94830443

 $00:37:59.426 \longrightarrow 00:38:01.680$ planning and the symptom management,

 $00:38:01.680 \longrightarrow 00:38:04.740$ which is always how it was supposed to be.

NOTE Confidence: 0.94830443

00:38:04.740 --> 00:38:06.390 Right. You can't keep people out

NOTE Confidence: 0.94830443

 $00:38:06.390 \longrightarrow 00:38:08.140$ of the hospital if you're not.

NOTE Confidence: 0.94830443

00:38:08.140 --> 00:38:11.156 And that may be their goal if they're

NOTE Confidence: 0.94830443

 $00:38:11.156 \longrightarrow 00:38:13.428$ not adequately and appropriately

NOTE Confidence: 0.94830443

 $00{:}38{:}13.428 \dashrightarrow 00{:}38{:}15.700$ managed for their symptoms.

NOTE Confidence: 0.94830443

 $00:38:15.700 \longrightarrow 00:38:18.339$ So they really go hand in hand.

NOTE Confidence: 0.94830443

 $00:38:18.340 \longrightarrow 00:38:20.139$ And so we conducted a randomized trial.

NOTE Confidence: 0.94830443

 $00{:}38{:}20.140 \dashrightarrow 00{:}38{:}21.974$ Now this was a different patient population.

NOTE Confidence: 0.94830443

 $00:38:21.980 \longrightarrow 00:38:23.020$ It was privately insured.

NOTE Confidence: 0.94830443

 $00:38:23.020 \longrightarrow 00:38:25.188$ So we did it in the VA with

NOTE Confidence: 0.94830443

 $00:38:25.188 \longrightarrow 00:38:26.100$ advanced care planning.

NOTE Confidence: 0.94830443

 $00{:}38{:}26.100 \dashrightarrow 00{:}38{:}28.180$ Intervention with the Medicare

NOTE Confidence: 0.94830443

 $00:38:28.180 \longrightarrow 00:38:30.260$ Advantage group was mostly

NOTE Confidence: 0.94830443

00:38:30.260 --> 00:38:32.390 older Hispanic Latinx adults.

NOTE Confidence: 0.94830443

00:38:32.390 --> 00:38:34.868 In Fullerton, CA and here now,

 $00:38:34.870 \longrightarrow 00:38:37.225$ it was a younger population

NOTE Confidence: 0.94830443

00:38:37.225 --> 00:38:39.109 that were privately insured.

NOTE Confidence: 0.94830443

 $00:38:39.110 \longrightarrow 00:38:42.530$ We randomized in the acute care use and the

NOTE Confidence: 0.94830443

 $00:38:42.530 \longrightarrow 00:38:45.307$ healthcare use goal was our primary outcome.

NOTE Confidence: 0.94830443

 $00:38:45.310 \longrightarrow 00:38:48.090$ We randomized a total of 128 into

NOTE Confidence: 0.94830443

 $00:38:48.090 \longrightarrow 00:38:50.640$ the intervention and conducted an

NOTE Confidence: 0.94830443

 $00:38:50.640 \longrightarrow 00:38:53.028$ ITT and we found,

NOTE Confidence: 0.94830443

 $00:38:53.030 \longrightarrow 00:38:54.230$ lo and behold,

NOTE Confidence: 0.94830443

 $00:38:54.230 \longrightarrow 00:38:57.030$ even better reductions in acute care use.

NOTE Confidence: 0.94830443

00:38:57.030 --> 00:38:58.670 And this was not just at the end of life,

NOTE Confidence: 0.94830443

 $00:38:58.670 \longrightarrow 00:39:00.440$ this was at 12 months.

NOTE Confidence: 0.94830443

 $00:39:00.440 \longrightarrow 00:39:02.344$ I think there was a very small

NOTE Confidence: 0.94830443

 $00{:}39{:}02.344 \dashrightarrow 00{:}39{:}03.759$ proportion of patients that had

NOTE Confidence: 0.94830443

 $00:39:03.759 \longrightarrow 00:39:05.114$ actually died in this study.

NOTE Confidence: 0.94830443

 $00:39:05.120 \longrightarrow 00:39:07.670$ And so consistently we found robust

 $00:39:07.670 \longrightarrow 00:39:09.370$ effects that were consistent

NOTE Confidence: 0.94830443

 $00{:}39{:}09.444 \dashrightarrow 00{:}39{:}11.040$ across multiple studies.

NOTE Confidence: 0.94830443

 $00:39:11.040 \longrightarrow 00:39:12.039$ And better yet,

NOTE Confidence: 0.94830443

 $00:39:12.039 \longrightarrow 00:39:15.239$ we also found that there was a net savings

NOTE Confidence: 0.94830443

 $00:39:15.240 \longrightarrow 00:39:17.676$ where a lot of interventions like I

NOTE Confidence: 0.94830443

00:39:17.676 --> 00:39:19.960 talked about before tend to not save money.

NOTE Confidence: 0.94830443

 $00:39:19.960 \longrightarrow 00:39:21.208$ They may be effective,

NOTE Confidence: 0.94830443

 $00:39:21.208 \longrightarrow 00:39:24.455$ but they may not save money is because your

NOTE Confidence: 0.94830443

 $00:39:24.455 \dashrightarrow 00:39:26.640$ implementation inputs are too expensive.

NOTE Confidence: 0.94830443

 $00:39:26.640 \longrightarrow 00:39:28.999$ But we had a very low cost,

NOTE Confidence: 0.94830443

 $00:39:29.000 \longrightarrow 00:39:30.540$ high touch.

NOTE Confidence: 0.94830443

 $00:39:30.540 \longrightarrow 00:39:33.860$ Patient centered solution that utilized

NOTE Confidence: 0.94830443

 $00:39:33.860 \longrightarrow 00:39:36.890$ perhaps people that can reach patients

NOTE Confidence: 0.94830443

 $00:39:36.890 \longrightarrow 00:39:39.844$ better than we as clinicians can and

NOTE Confidence: 0.94830443

 $00:39:39.850 \longrightarrow 00:39:41.404$ that was a tough pill to swallow.

NOTE Confidence: 0.94830443

 $00:39:41.410 \longrightarrow 00:39:43.840$ I think for many of us that think we are

00:39:43.907 --> 00:39:47.366 the greatest thing next to slice white bread,

NOTE Confidence: 0.94830443

 $00:39:47.370 \longrightarrow 00:39:48.434$ but we really do.

NOTE Confidence: 0.94830443

 $00:39:48.434 \longrightarrow 00:39:50.519$ It takes a team and what it

NOTE Confidence: 0.94830443

00:39:50.519 --> 00:39:52.614 did was it enhanced provider

NOTE Confidence: 0.94830443

 $00:39:52.614 \longrightarrow 00:39:54.290$ relationships with their patients.

NOTE Confidence: 0.94830443

 $00:39:54.290 \longrightarrow 00:39:56.467$ So we have another study where we

NOTE Confidence: 0.94830443

 $00:39:56.467 \longrightarrow 00:39:58.775$ looked at across all the stakeholders

NOTE Confidence: 0.94830443

 $00{:}39{:}58.775 \dashrightarrow 00{:}40{:}00.519$ what their experiences were.

NOTE Confidence: 0.94830443

 $00:40:00.520 \longrightarrow 00:40:02.875$ And we pulled the oncologist

NOTE Confidence: 0.94830443

 $00:40:02.875 \longrightarrow 00:40:05.236$ across 12 different sites and

NOTE Confidence: 0.94830443

00:40:05.236 --> 00:40:07.616 overwhelmingly many have chosen to

NOTE Confidence: 0.94830443

 $00:40:07.616 \longrightarrow 00:40:09.848$ continue utilizing this model because

NOTE Confidence: 0.94830443

 $00:40:09.848 \longrightarrow 00:40:12.144$ of the benefit for not having to

NOTE Confidence: 0.94830443

 $00:40:12.144 \longrightarrow 00:40:14.540$ do when your patients are better

NOTE Confidence: 0.94830443

 $00:40:14.540 \longrightarrow 00:40:16.600$ managed from a symptom perspective,

00:40:16.600 --> 00:40:19.582 you get that opportunity to really connect

NOTE Confidence: 0.94830443

 $00{:}40{:}19.582 \rightarrow 00{:}40{:}22.240$ with patients on a different level.

NOTE Confidence: 0.94830443

00:40:22.240 --> 00:40:25.208 And so many of you know that equity is,

NOTE Confidence: 0.94830443

 $00:40:25.208 \longrightarrow 00:40:28.440$ is really why I went to medical school.

NOTE Confidence: 0.94830443

 $00:40:28.440 \longrightarrow 00:40:31.640$ And taking evidence based interventions

NOTE Confidence: 0.94830443

 $00:40:31.640 \longrightarrow 00:40:33.860$ and plugging and chugging them into

NOTE Confidence: 0.94830443

 $00:40:33.860 \longrightarrow 00:40:36.556$ community settings is not a one size fit all.

NOTE Confidence: 0.94830443

 $00:40:36.560 \longrightarrow 00:40:38.760$ So a labor union organization

NOTE Confidence: 0.94830443

 $00:40:38.760 \longrightarrow 00:40:40.080$ called Unite here,

NOTE Confidence: 0.94830443

00:40:40.080 --> 00:40:42.474 how many of you have heard of unite here?

NOTE Confidence: 0.94830443

 $00:40:42.480 \longrightarrow 00:40:43.416$ Oh great.

NOTE Confidence: 0.94830443

00:40:43.416 --> 00:40:45.756 So unite here essentially provides

NOTE Confidence: 0.94830443

 $00:40:45.756 \longrightarrow 00:40:48.351$ a labor union organization for

NOTE Confidence: 0.94830443

 $00:40:48.351 \longrightarrow 00:40:50.559$ hourly low wage workers.

NOTE Confidence: 0.94830443

 $00:40:50.560 \longrightarrow 00:40:53.800$ At McCormick we all go to McCormick.

NOTE Confidence: 0.94830443

00:40:53.800 --> 00:40:54.793 Most of us,

 $00:40:54.793 \longrightarrow 00:40:56.448$ many people that work in

NOTE Confidence: 0.94830443

00:40:56.448 --> 00:40:58.437 McCormick are part of this union.

NOTE Confidence: 0.94830443

00:40:58.440 --> 00:41:00.760 Hotel workers, casino workers,

NOTE Confidence: 0.94830443

 $00:41:00.760 \longrightarrow 00:41:01.920$ restaurant workers,

NOTE Confidence: 0.94830443

 $00:41:01.920 \longrightarrow 00:41:02.832$ taxi drivers.

NOTE Confidence: 0.94830443

 $00:41:02.832 \longrightarrow 00:41:04.656$ And unfortunately because they

NOTE Confidence: 0.94830443

00:41:04.656 --> 00:41:06.480 are hourly wage workers,

NOTE Confidence: 0.954342292

 $00:41:06.480 \longrightarrow 00:41:09.200$ they don't have health benefits.

NOTE Confidence: 0.954342292

 $00:41:09.200 \longrightarrow 00:41:10.436$ So as part of the Union,

NOTE Confidence: 0.954342292

 $00:41:10.440 \longrightarrow 00:41:12.552$ what they decided was that they were going

NOTE Confidence: 0.954342292

00:41:12.552 --> 00:41:15.099 to skim off a very tiny fraction of people's

NOTE Confidence: 0.954342292

 $00:41:15.099 \longrightarrow 00:41:17.156$ paycheck and put it into a health fund.

NOTE Confidence: 0.954342292

00:41:17.160 --> 00:41:19.296 And so the health fund really

NOTE Confidence: 0.954342292

 $00:41:19.296 \longrightarrow 00:41:21.560$ wants to provide high value care,

NOTE Confidence: 0.954342292

00:41:21.560 --> 00:41:25.648 meaning very high quality at low cost.

00:41:25.650 --> 00:41:27.976 And they have the Union backing them, right?

NOTE Confidence: 0.954342292

 $00:41:27.976 \longrightarrow 00:41:29.206$ They're part of the union.

NOTE Confidence: 0.954342292

 $00:41:29.210 \longrightarrow 00:41:32.297$ The Union is very and the Members of this

NOTE Confidence: 0.954342292

 $00:41:32.297 \longrightarrow 00:41:35.206$ Union very much trust unite your health.

NOTE Confidence: 0.954342292

 $00:41:35.210 \longrightarrow 00:41:36.394$ There's this engender trust

NOTE Confidence: 0.954342292

 $00:41:36.394 \longrightarrow 00:41:38.170$ because it's one and the same.

NOTE Confidence: 0.954342292

 $00:41:38.170 \longrightarrow 00:41:40.393$ And so they had heard of the work and

NOTE Confidence: 0.954342292

 $00:41:40.393 \longrightarrow 00:41:42.585$ they knew that at the end of life for

NOTE Confidence: 0.954342292

 $00:41:42.585 \longrightarrow 00:41:44.887$ many of their hourly low wage workers,

NOTE Confidence: 0.954342292

00:41:44.890 --> 00:41:47.610 they were having poor experiences,

NOTE Confidence: 0.954342292

 $00{:}41{:}47.610 \dashrightarrow 00{:}41{:}49.730$ especially as they were dying.

NOTE Confidence: 0.954342292

 $00:41:49.730 \longrightarrow 00:41:51.907$ And so they asked us if we

NOTE Confidence: 0.954342292

00:41:51.907 --> 00:41:53.360 could embed our model.

NOTE Confidence: 0.954342292

 $00:41:53.360 \longrightarrow 00:41:55.844$ And so I'm glad I did that public health

NOTE Confidence: 0.954342292

 $00:41:55.844 \longrightarrow 00:41:57.560$ degree because I took a step back and said,

NOTE Confidence: 0.954342292

 $00:41:57.560 \longrightarrow 00:41:58.454$ Okay, well, let's,

 $00:41:58.454 \longrightarrow 00:42:00.242$ let's see how we would embed

NOTE Confidence: 0.954342292

 $00{:}42{:}00.242 {\:\dashrightarrow\:} 00{:}42{:}02.040$ this model in your population.

NOTE Confidence: 0.954342292

 $00:42:02.040 \longrightarrow 00:42:04.077$ So we created a Community Advisory Board.

NOTE Confidence: 0.954342292

 $00{:}42{:}04.080 \dashrightarrow 00{:}42{:}05.855$ So I pulled people from

NOTE Confidence: 0.954342292

 $00:42:05.855 \longrightarrow 00:42:07.275$ Atlantic City and Chicago,

NOTE Confidence: 0.954342292

 $00:42:07.280 \longrightarrow 00:42:09.296$ as well as the Union members

NOTE Confidence: 0.954342292

 $00:42:09.296 \longrightarrow 00:42:10.640$ and the Union President.

NOTE Confidence: 0.954342292

 $00{:}42{:}10.640 \dashrightarrow 00{:}42{:}12.138$ And can some one take a wild guess

NOTE Confidence: 0.954342292

 $00{:}42{:}12.138 \to 00{:}42{:}14.172$ as to what a patient told me when

NOTE Confidence: 0.954342292

 $00{:}42{:}14.172 \dashrightarrow 00{:}42{:}15.512$ I talked about this intervention

NOTE Confidence: 0.954342292

00:42:15.561 --> 00:42:17.116 about a community health worker,

NOTE Confidence: 0.954342292

 $00:42:17.120 \longrightarrow 00:42:17.996$ a healthcare advocate,

NOTE Confidence: 0.954342292

 $00{:}42{:}17.996 \dashrightarrow 00{:}42{:}19.748$ reaching out to them to talk

NOTE Confidence: 0.954342292

00:42:19.748 --> 00:42:21.278 about advanced care planning?

NOTE Confidence: 0.927098317777778

 $00:42:25.430 \longrightarrow 00:42:26.442$ I didn't know either.

 $00:42:26.442 \longrightarrow 00:42:27.707$ I was actually very shocked.

NOTE Confidence: 0.927098317777778

00:42:27.710 --> 00:42:30.531 What they said was you try having

NOTE Confidence: 0.927098317777778

 $00:42:30.531 \longrightarrow 00:42:32.465$ a conversation about goals of

NOTE Confidence: 0.927098317777778

 $00:42:32.465 \longrightarrow 00:42:34.330$ care when you're worried about

NOTE Confidence: 0.927098317777778

 $00:42:34.330 \longrightarrow 00:42:36.640$ where your family is going to

NOTE Confidence: 0.927098317777778

00:42:36.710 --> 00:42:38.694 live and how you're going to get

NOTE Confidence: 0.927098317777778

 $00:42:38.694 \longrightarrow 00:42:40.909$ food on the table for your family.

NOTE Confidence: 0.927098317777778

00:42:40.910 --> 00:42:43.017 You're asking me to do something that

NOTE Confidence: 0.927098317777778

 $00{:}42{:}43.017 \dashrightarrow 00{:}42{:}45.547$ I think is going to hasten my death.

NOTE Confidence: 0.927098317777778

 $00:42:45.550 \longrightarrow 00:42:49.510$ Then who is going to provide for my family?

NOTE Confidence: 0.927098317777778 00:42:49.510 --> 00:42:50.150 Eye opener.

NOTE Confidence: 0.936899133333333

 $00:42:52.300 \longrightarrow 00:42:56.150$ So guess what, we tabled the

NOTE Confidence: 0.936899133333333

 $00:42:56.150 \longrightarrow 00:42:58.808$ intervention and we focused on

NOTE Confidence: 0.936899133333333

 $00{:}42{:}58.808 {\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}}{\:\raisebox{--}{\text{--}}} 00{:}43{:}01.293$ addressing health related social needs.

NOTE Confidence: 0.936899133333333

 $00:43:01.300 \longrightarrow 00:43:02.236$ We integrated that.

NOTE Confidence: 0.936899133333333

 $00:43:02.236 \longrightarrow 00:43:04.420$ We didn't table the advanced care planning,

 $00:43:04.420 \longrightarrow 00:43:06.856$ but we integrated the health related

NOTE Confidence: 0.936899133333333

 $00{:}43{:}06.856 \dashrightarrow 00{:}43{:}09.100$ social needs first and foremost

NOTE Confidence: 0.936899133333333

 $00:43:09.100 \longrightarrow 00:43:12.276$ and we used community engagement to

NOTE Confidence: 0.936899133333333

00:43:12.276 --> 00:43:14.580 build partnerships with industry.

NOTE Confidence: 0.936899133333333

 $00:43:14.580 \longrightarrow 00:43:15.684$ One issue is transportation.

NOTE Confidence: 0.936899133333333

00:43:15.684 --> 00:43:17.661 How are people going to get to

NOTE Confidence: 0.936899133333333

 $00:43:17.661 \longrightarrow 00:43:18.976$ and from their clinic visits?

NOTE Confidence: 0.936899133333333

 $00:43:18.980 \longrightarrow 00:43:21.068$ Well, guess what?

NOTE Confidence: 0.936899133333333

 $00{:}43{:}21.070 \dashrightarrow 00{:}43{:}25.270$ Lift can provide free transportation,

NOTE Confidence: 0.936899133333333

 $00:43:25.270 \longrightarrow 00:43:28.078$ better value, better quality, lower cost.

NOTE Confidence: 0.936899133333333

00:43:28.078 --> 00:43:31.310 If people are adhering to their treatments,

NOTE Confidence: 0.936899133333333

 $00:43:31.310 \longrightarrow 00:43:34.226$ people have no place to live.

NOTE Confidence: 0.936899133333333

 $00{:}43{:}34.230 \dashrightarrow 00{:}43{:}35.666$ Local Housing Authority let's

NOTE Confidence: 0.936899133333333

00:43:35.666 --> 00:43:37.820 build in places for people to

NOTE Confidence: 0.936899133333333

 $00:43:37.882 \longrightarrow 00:43:39.827$ live while they're getting care.

 $00:43:42.230 \longrightarrow 00:43:44.202$ Let's think about ways

NOTE Confidence: 0.943608066666667

 $00:43:44.202 \longrightarrow 00:43:46.667$ to invest in social care,

NOTE Confidence: 0.943608066666667

00:43:46.670 --> 00:43:48.310 because then as an organization,

NOTE Confidence: 0.943608066666667

 $00:43:48.310 \longrightarrow 00:43:49.990$ you, not your health, has.

NOTE Confidence: 0.943608066666667

 $00:43:49.990 \longrightarrow 00:43:51.710$ Individuals with lots of diseases,

NOTE Confidence: 0.943608066666667

 $00:43:51.710 \longrightarrow 00:43:55.070$ not just cancer. Cancer is 1 slice.

NOTE Confidence: 0.943608066666667

 $00:43:55.070 \longrightarrow 00:43:57.830$ If we invest in social services,

NOTE Confidence: 0.943608066666667

 $00:43:57.830 \longrightarrow 00:44:00.926$ we are likely going to do better for not

NOTE Confidence: 0.943608066666667

 $00:44:00.926 \longrightarrow 00:44:03.947$ only our Members but also reduce costs.

NOTE Confidence: 0.943608066666667

 $00:44:03.950 \longrightarrow 00:44:06.080$ And so we built this in and then we also

NOTE Confidence: 0.943608066666667

 $00:44:06.142 \longrightarrow 00:44:08.270$ heard from unite your health that there

NOTE Confidence: 0.943608066666667

 $00:44:08.270 \longrightarrow 00:44:10.898$ were some crooked groups and some ecologists,

NOTE Confidence: 0.943608066666667

 $00:44:10.898 \longrightarrow 00:44:13.948$ that perhaps we're not providing the highest

NOTE Confidence: 0.9436080666666667

 $00:44:13.948 \longrightarrow 00:44:16.867$ and most evidence based care for patients.

NOTE Confidence: 0.943608066666667

 $00:44:16.870 \longrightarrow 00:44:18.840$ And that is an area of research for me where

NOTE Confidence: 0.943608066666667

 $00:44:18.884 \longrightarrow 00:44:20.627$ we know patients by race and ethnicity,

00:44:20.630 --> 00:44:21.462 socioeconomic status,

NOTE Confidence: 0.943608066666667

 $00:44:21.462 \longrightarrow 00:44:24.790$ where you go determines the care you get.

NOTE Confidence: 0.943608066666667

00:44:24.790 --> 00:44:27.390 And so making for example,

NOTE Confidence: 0.943608066666667

 $00:44:27.390 \longrightarrow 00:44:31.790$ the Yale out in the community is a

NOTE Confidence: 0.943608066666667

00:44:31.790 --> 00:44:34.118 fantastic idea because providing

NOTE Confidence: 0.943608066666667

 $00:44:34.118 \longrightarrow 00:44:37.366$ evidence based care is a way to

NOTE Confidence: 0.943608066666667

 $00:44:37.366 \longrightarrow 00:44:39.486$ overcome many of the disparities.

NOTE Confidence: 0.943608066666667

 $00{:}44{:}39.486 \dashrightarrow 00{:}44{:}42.670$ It's not due to patient level factors.

NOTE Confidence: 0.943608066666667

 $00:44:42.670 \longrightarrow 00:44:45.180$ I know we go there.

NOTE Confidence: 0.943608066666667

 $00:44:45.180 \longrightarrow 00:44:46.853$ It's actually due to what people are

NOTE Confidence: 0.9436080666666667

 $00{:}44{:}46.853 \dashrightarrow 00{:}44{:}48.020$ receiving once they're diagnosed.

NOTE Confidence: 0.943608066666667

 $00:44:48.020 \longrightarrow 00:44:49.964$ And now we've shown study after

NOTE Confidence: 0.943608066666667

 $00{:}44{:}49.964 \dashrightarrow 00{:}44{:}51.748$ study after study that if you get

NOTE Confidence: 0.943608066666667

 $00:44:51.748 \longrightarrow 00:44:53.307$ the care that you need and the

NOTE Confidence: 0.943608066666667

 $00:44:53.307 \longrightarrow 00:44:54.499$ care that's evidence based,

 $00:44:54.500 \longrightarrow 00:44:55.580$ your outcomes are the same,

NOTE Confidence: 0.943608066666667

00:44:55.580 --> 00:44:58.991 if not better, then more white,

NOTE Confidence: 0.943608066666667

 $00:44:58.991 \longrightarrow 00:45:00.819$ more affluent white individuals

NOTE Confidence: 0.943608066666667

 $00:45:00.819 \longrightarrow 00:45:03.140$ who usually do much better.

NOTE Confidence: 0.943608066666667

 $00:45:03.140 \longrightarrow 00:45:04.420$ And so we picked through.

NOTE Confidence: 0.943608066666667

00:45:04.420 --> 00:45:05.500 I went through their claims,

NOTE Confidence: 0.943608066666667

 $00:45:05.500 \longrightarrow 00:45:07.026$ I went out to Atlantic City in

NOTE Confidence: 0.943608066666667

 $00:45:07.026 \longrightarrow 00:45:08.859$ Chicago as a fellow multiple times,

NOTE Confidence: 0.943608066666667

 $00:45:08.860 \longrightarrow 00:45:11.597$ looked over claims data and tried to

NOTE Confidence: 0.943608066666667

 $00:45:11.597 \longrightarrow 00:45:14.289$ identify the highest performing providers.

NOTE Confidence: 0.943608066666667

00:45:14.290 --> 00:45:15.970 And in Atlantic City there was

NOTE Confidence: 0.943608066666667

 $00:45:15.970 \longrightarrow 00:45:17.090$ an MD Anderson clinic.

NOTE Confidence: 0.943608066666667

 $00:45:17.090 \longrightarrow 00:45:20.622$ It was very costly but it also

NOTE Confidence: 0.943608066666667

 $00:45:20.622 \longrightarrow 00:45:22.646$ provided evidence based care.

NOTE Confidence: 0.943608066666667

00:45:22.650 --> 00:45:24.925 And so the union said Okay Manali,

NOTE Confidence: 0.943608066666667

 $00:45:24.930 \longrightarrow 00:45:26.650$ redesign, let's redesign the benefits.

 $00:45:26.650 \longrightarrow 00:45:27.567$ Okay, what do we need to do?

NOTE Confidence: 0.943608066666667

 $00:45:27.570 \longrightarrow 00:45:30.770$ And I said let's not reduce market share.

NOTE Confidence: 0.943608066666667

00:45:30.770 --> 00:45:31.562 People want a choice.

NOTE Confidence: 0.943608066666667

00:45:31.562 --> 00:45:33.034 I want a choice when I'm diagnosed

NOTE Confidence: 0.943608066666667

 $00:45:33.034 \longrightarrow 00:45:34.693$ with cancer and that's what we heard

NOTE Confidence: 0.943608066666667

 $00{:}45{:}34.693 \to 00{:}45{:}36.289$ from the Community Advisory Board,

NOTE Confidence: 0.943608066666667

 $00:45:36.290 \longrightarrow 00:45:38.410$ you want a choice of where to go,

NOTE Confidence: 0.943608066666667

 $00:45:38.410 \longrightarrow 00:45:40.276$ but so don't remove the choice

NOTE Confidence: 0.943608066666667

 $00:45:40.276 \longrightarrow 00:45:42.110$ and have a narrow network.

NOTE Confidence: 0.943608066666667

 $00{:}45{:}42.110 \dashrightarrow 00{:}45{:}44.240$ But rather expand the network and

NOTE Confidence: 0.9436080666666667

00:45:44.240 --> 00:45:46.745 give people an incentive to go to

NOTE Confidence: 0.943608066666667

 $00:45:46.745 \longrightarrow 00:45:48.109$ the higher providing provider.

NOTE Confidence: 0.943608066666667

 $00{:}45{:}48.110 \dashrightarrow 00{:}45{:}50.030$ So let's waive copays for people

NOTE Confidence: 0.943608066666667

00:45:50.030 --> 00:45:52.343 that choose to go to MD Anderson

NOTE Confidence: 0.943608066666667

 $00:45:52.343 \longrightarrow 00:45:53.943$ in the clinic in Chicago,

00:45:53.950 --> 00:45:57.150 your copays or waive,

NOTE Confidence: 0.943608066666667

00:45:57.150 --> 00:45:58.206 you still have choice,

NOTE Confidence: 0.943608066666667

 $00:45:58.206 \longrightarrow 00:45:59.790$ but you also get additional funding.

NOTE Confidence: 0.943608066666667

00:45:59.790 --> 00:46:01.267 If you choose to go to this,

NOTE Confidence: 0.943608066666667

 $00:46:01.270 \longrightarrow 00:46:03.583$ you know you have less out of pocket costs.

NOTE Confidence: 0.943608066666667

00:46:03.590 --> 00:46:05.468 So as part of this study,

NOTE Confidence: 0.943608066666667

00:46:05.470 --> 00:46:07.549 the Union asked us to do a randomized trial,

NOTE Confidence: 0.943608066666667

00:46:07.550 --> 00:46:10.378 which was actually very shocking to me.

NOTE Confidence: 0.943608066666667

 $00{:}46{:}10.380 \dashrightarrow 00{:}46{:}11.610$ But they really wanted answers

NOTE Confidence: 0.943608066666667

00:46:11.610 --> 00:46:13.260 quickly and so we randomized patients,

NOTE Confidence: 0.943608066666667

 $00:46:13.260 \longrightarrow 00:46:15.198$ they would everybody got that free

NOTE Confidence: 0.943608066666667

 $00:46:15.198 \longrightarrow 00:46:17.339$ benefit of free cancer care services.

NOTE Confidence: 0.943608066666667

 $00:46:17.340 \longrightarrow 00:46:18.978$ So as part of usual care,

NOTE Confidence: 0.943608066666667

00:46:18.980 --> 00:46:21.265 every patient received that extra

NOTE Confidence: 0.943608066666667

 $00:46:21.265 \longrightarrow 00:46:23.093$ benefit of waiving costs.

NOTE Confidence: 0.943608066666667

 $00{:}46{:}23.100 \dashrightarrow 00{:}46{:}25.080$ But every all the other patient

00:46:25.080 --> 00:46:26.400 population that were randomized

NOTE Confidence: 0.943608066666667

 $00{:}46{:}26.456 \dashrightarrow 00{:}46{:}28.562$ received the added benefit of the

NOTE Confidence: 0.943608066666667

 $00{:}46{:}28.562 \dashrightarrow 00{:}46{:}29.966$ Community health worker screening

NOTE Confidence: 0.943608066666667

 $00{:}46{:}30.022 \dashrightarrow 00{:}46{:}31.697$ for health related social needs,

NOTE Confidence: 0.943608066666667

 $00:46:31.700 \longrightarrow 00:46:33.480$ conducting advanced care planning

NOTE Confidence: 0.943608066666667

 $00:46:33.480 \longrightarrow 00:46:34.815$ and symptom management.

NOTE Confidence: 0.943608066666667

 $00:46:34.820 \longrightarrow 00:46:37.495$ We randomized 160 across Atlantic

NOTE Confidence: 0.943608066666667

 $00:46:37.495 \longrightarrow 00:46:39.100$ City and Chicago.

NOTE Confidence: 0.9352219

 $00:46:39.100 \longrightarrow 00:46:40.018$ And this just goes to show,

NOTE Confidence: 0.9352219

 $00:46:40.020 \longrightarrow 00:46:41.415$ I don't want to go over all the details,

NOTE Confidence: 0.9352219

00:46:41.420 --> 00:46:44.180 but a very different patient population,

NOTE Confidence: 0.9352219

00:46:44.180 --> 00:46:46.340 younger patients, more females,

NOTE Confidence: 0.9352219

00:46:46.340 --> 00:46:48.980 high proportion of Latinx, black

NOTE Confidence: 0.9352219

 $00:46:48.980 \longrightarrow 00:46:51.380$ patient populations and Asian subgroups.

NOTE Confidence: 0.9352219

 $00:46:51.380 \longrightarrow 00:46:53.802$ Which made us have to translate all

 $00:46:53.802 \longrightarrow 00:46:56.389$ of these documents and to also hire a

NOTE Confidence: 0.9352219

 $00{:}46{:}56.389 \dashrightarrow 00{:}46{:}59.083$ lot of Community health workers from

NOTE Confidence: 0.9352219

 $00:46:59.083 \longrightarrow 00:47:01.455$ communities that spoke the patient's

NOTE Confidence: 0.9352219

 $00{:}47{:}01.455 \dashrightarrow 00{:}47{:}04.773$ preferences of language and that was costly.

NOTE Confidence: 0.9352219

 $00:47:04.780 \longrightarrow 00:47:07.000$ Unite your health, did it.

NOTE Confidence: 0.9352219

00:47:07.000 --> 00:47:09.976 Again, very low annual household incomes

NOTE Confidence: 0.9352219

 $00{:}47{:}09.976 \dashrightarrow 00{:}47{:}12.800$ and very low educational attainment

NOTE Confidence: 0.9352219

 $00:47:12.800 \longrightarrow 00:47:14.578$ and what we found using the functional

NOTE Confidence: 0.9352219

 $00{:}47{:}14.578 \dashrightarrow 00{:}47{:}16.159$ assessment of cancer the rapies general,

NOTE Confidence: 0.9352219

 $00:47:16.160 \longrightarrow 00:47:18.560$ was that patients health related

NOTE Confidence: 0.9352219

00:47:18.560 --> 00:47:20.480 quality of life improved.

NOTE Confidence: 0.9352219

 $00:47:20.480 \longrightarrow 00:47:21.280$ Makes sense.

NOTE Confidence: 0.9352219

 $00:47:21.280 \longrightarrow 00:47:22.880$ If you're screening for

NOTE Confidence: 0.9352219

 $00:47:22.880 \longrightarrow 00:47:24.480$ health related social needs,

NOTE Confidence: 0.9352219

 $00:47:24.480 \longrightarrow 00:47:25.810$ you're likely going to have

NOTE Confidence: 0.9352219

 $00:47:25.810 \longrightarrow 00:47:26.874$ better quality of life.

 $00:47:26.880 \longrightarrow 00:47:28.840$ How much of this was from the other

NOTE Confidence: 0.9352219

 $00:47:28.840 \longrightarrow 00:47:30.191$ interventions is what I get asked

NOTE Confidence: 0.9352219

 $00:47:30.191 \longrightarrow 00:47:31.892$ all the time. Why does it matter?

NOTE Confidence: 0.9352219

00:47:31.892 --> 00:47:34.320 Shouldn't we be doing this in our practice?

NOTE Confidence: 0.94226628

00:47:36.670 --> 00:47:38.862 I think so. And parsing out one piece

NOTE Confidence: 0.94226628

 $00:47:38.862 \longrightarrow 00:47:41.388$ from the other doesn't really make sense,

NOTE Confidence: 0.94226628

 $00:47:41.390 \longrightarrow 00:47:42.730$ especially when you think

NOTE Confidence: 0.94226628

 $00:47:42.730 \longrightarrow 00:47:44.070$ about the patient population.

NOTE Confidence: 0.94226628

 $00{:}47{:}44.070 \dashrightarrow 00{:}47{:}46.452$ And then if you look at the similar

NOTE Confidence: 0.94226628

 $00:47:46.452 \longrightarrow 00:47:48.620$ reduced reductions in emergency

NOTE Confidence: 0.94226628

00:47:48.620 --> 00:47:50.788 department use in hospitals,

NOTE Confidence: 0.94226628

 $00{:}47{:}50.790 \dashrightarrow 00{:}47{:}52.950$ but you see that the higher there's a

NOTE Confidence: 0.94226628

 $00{:}47{:}52.950 \to 00{:}47{:}55.149$ higher mean with this patient population,

NOTE Confidence: 0.94226628

 $00:47:55.150 \longrightarrow 00:47:57.370$ very complex patient population

NOTE Confidence: 0.94226628

 $00:47:57.370 \longrightarrow 00:48:00.700$ utilizing acute care services more so

 $00:48:00.783 \longrightarrow 00:48:03.597$ than patients in our other studies.

NOTE Confidence: 0.94226628

 $00:48:03.600 \longrightarrow 00:48:04.812$ But over all stages,

NOTE Confidence: 0.94226628

 $00:48:04.812 \longrightarrow 00:48:07.320$ so again this was all stages of cancer,

NOTE Confidence: 0.94226628

00:48:07.320 --> 00:48:09.320 I guess 12 month intervention,

NOTE Confidence: 0.94226628

 $00:48:09.320 \longrightarrow 00:48:13.480$ we found reductions in total cost of care.

NOTE Confidence: 0.94226628

00:48:13.480 --> 00:48:15.640 Is this scalable?

NOTE Confidence: 0.94226628

 $00:48:15.640 \longrightarrow 00:48:18.520$ We're now launching a 24 site

NOTE Confidence: 0.94226628

00:48:18.520 --> 00:48:20.440 cluster randomized control trial.

NOTE Confidence: 0.94226628

 $00{:}48{:}20.440 \dashrightarrow 00{:}48{:}23.959$ To me doing usual care is kind of unethical.

NOTE Confidence: 0.9469625333333333

 $00:48:26.040 \longrightarrow 00:48:27.770$ We know that palliative care

NOTE Confidence: 0.946962533333333

 $00:48:27.770 \longrightarrow 00:48:29.154$ in these services work.

NOTE Confidence: 0.946962533333333

 $00{:}48{:}29.160 \dashrightarrow 00{:}48{:}31.239$ So comparing to usual care is really

NOTE Confidence: 0.946962533333333

 $00:48:31.239 \longrightarrow 00:48:33.549$ kind of a no go for me anymore.

NOTE Confidence: 0.9469625333333333

 $00:48:33.550 \longrightarrow 00:48:35.704$ And so we've now started embedding

NOTE Confidence: 0.946962533333333

 $00:48:35.704 \longrightarrow 00:48:37.505$ technology delivered tools where the

NOTE Confidence: 0.946962533333333

 $00{:}48{:}37.505 \dashrightarrow 00{:}48{:}39.365$ same exact tools that the Community

00:48:39.365 --> 00:48:41.429 health worker uses in her interactions,

NOTE Confidence: 0.9469625333333333

00:48:41.430 --> 00:48:43.390 his or her interactions with the patient,

NOTE Confidence: 0.946962533333333

 $00:48:43.390 \longrightarrow 00:48:45.342$ the patients will receive

NOTE Confidence: 0.946962533333333

 $00:48:45.342 \longrightarrow 00:48:47.782$ passively in the control group.

NOTE Confidence: 0.946962533333333

 $00:48:47.790 \longrightarrow 00:48:50.238$ And I also want to make sure that

NOTE Confidence: 0.9469625333333333

00:48:50.238 --> 00:48:52.866 we've got every single type of facility

NOTE Confidence: 0.946962533333333

 $00:48:52.866 \longrightarrow 00:48:55.446$ where people receive care included.

NOTE Confidence: 0.9469625333333333

 $00:48:55.450 \longrightarrow 00:48:57.010$ So we've got community practices,

NOTE Confidence: 0.946962533333333

 $00{:}48{:}57.010 \dashrightarrow 00{:}48{:}58.450$ we've got integrated systems,

NOTE Confidence: 0.946962533333333

 $00{:}48{:}58.450 \dashrightarrow 00{:}49{:}01.050$ we have the VA academic systems and

NOTE Confidence: 0.9469625333333333

 $00:49:01.050 \longrightarrow 00:49:03.330$ also our safety net hospital systems.

NOTE Confidence: 0.945581211176471

 $00{:}49{:}05.610 \dashrightarrow 00{:}49{:}07.465$ Years later, Don Berwick wrote

NOTE Confidence: 0.945581211176471

 $00{:}49{:}07.465 \dashrightarrow 00{:}49{:}09.661$ another article and I'm almost done

NOTE Confidence: 0.945581211176471

 $00:49:09.661 \longrightarrow 00:49:13.050$ so we can take questions in 2023,

NOTE Confidence: 0.945581211176471

 $00:49:13.050 \longrightarrow 00:49:14.610$ if you all have time.

00:49:14.610 --> 00:49:15.570 Just a couple of months ago,

NOTE Confidence: 0.945581211176471

00:49:15.570 --> 00:49:17.460 I would love for you to pick up that

NOTE Confidence: 0.945581211176471

00:49:17.460 --> 00:49:18.706 article and juxtapose it against

NOTE Confidence: 0.945581211176471

 $00:49:18.706 \longrightarrow 00:49:21.940$ what he wrote in 2008 because

NOTE Confidence: 0.945581211176471

00:49:21.940 --> 00:49:24.690 it's very sobering, sombering.

NOTE Confidence: 0.945285228333333

 $00{:}49{:}27.400 \dashrightarrow 00{:}49{:}28.970$ Even the title the existential

NOTE Confidence: 0.945285228333333

 $00:49:28.970 \longrightarrow 00:49:31.440$ threat of greed in the United States,

NOTE Confidence: 0.945285228333333

 $00{:}49{:}31.440 \dashrightarrow 00{:}49{:}34.160$ United States healthcare system.

NOTE Confidence: 0.945285228333333

 $00{:}49{:}34.160 \dashrightarrow 00{:}49{:}37.160$ And in that article, it makes me question,

NOTE Confidence: 0.945285228333333

 $00:49:37.160 \longrightarrow 00:49:40.317$ are we going in the wrong direction?

NOTE Confidence: 0.945285228333333

 $00:49:40.320 \longrightarrow 00:49:42.519$ Is it worsening?

NOTE Confidence: 0.945285228333333

 $00:49:42.520 \longrightarrow 00:49:44.476$ Because now we see how many

NOTE Confidence: 0.945285228333333

00:49:44.476 --> 00:49:47.034 of you all have seen what ASCO

NOTE Confidence: 0.945285228333333

 $00:49:47.034 \longrightarrow 00:49:50.990$ has done for Wellness burnout.

NOTE Confidence: 0.945285228333333

 $00{:}49{:}50.990 \dashrightarrow 00{:}49{:}52.598$ Of course our ask the President

NOTE Confidence: 0.945285228333333

00:49:52.598 --> 00:49:53.353 knows you closure ears.

00:49:53.353 --> 00:49:54.910 When I used to want to talk about this,

NOTE Confidence: 0.945285228333333

00:49:54.910 --> 00:49:57.990 if we don't get at the root of the problem,

NOTE Confidence: 0.945285228333333

 $00:49:57.990 \longrightarrow 00:49:59.990$ everything else is a Band-Aid.

NOTE Confidence: 0.945285228333333

 $00:49:59.990 \longrightarrow 00:50:03.986$ The problem is the healthcare system,

NOTE Confidence: 0.945285228333333

 $00:50:03.990 \longrightarrow 00:50:05.190$ the way that it's financed.

NOTE Confidence: 0.945285228333333

 $00:50:05.190 \longrightarrow 00:50:08.214 \text{ I did not go into medicine to be}$

NOTE Confidence: 0.945285228333333

 $00:50:08.214 \longrightarrow 00:50:11.942$ a paper pusher and to argue with

NOTE Confidence: 0.945285228333333

 $00{:}50{:}11.942 \dashrightarrow 00{:}50{:}14.149$ payers about prior authorization

NOTE Confidence: 0.945285228333333

 $00:50:14.149 \longrightarrow 00:50:17.347$ for services that I know work,

NOTE Confidence: 0.945285228333333

00:50:17.350 --> 00:50:19.936 nor did I go into medicine.

NOTE Confidence: 0.945285228333333

 $00:50:19.940 \longrightarrow 00:50:21.220$ To make a huge buck.

NOTE Confidence: 0.945285228333333

00:50:21.220 --> 00:50:23.215 And I know that may be different,

NOTE Confidence: 0.945285228333333

 $00{:}50{:}23.220 \to 00{:}50{:}25.893$ but I also don't think that as a society,

NOTE Confidence: 0.945285228333333

 $00{:}50{:}25.900 \to 00{:}50{:}28.410$ capitalizing off of people when

NOTE Confidence: 0.945285228333333

 $00:50:28.410 \longrightarrow 00:50:30.176$ they're sick is where we want

 $00:50:30.176 \longrightarrow 00:50:31.500$ to go or where we should go.

NOTE Confidence: 0.946962533333333

 $00{:}50{:}33.580 {\: -->\:} 00{:}50{:}34.819$ And now hospices

NOTE Confidence: 0.81065308

 $00:50:36.940 \longrightarrow 00:50:41.891$ sadly profiteering why

NOTE Confidence: 0.81065308

 $00:50:41.891 \longrightarrow 00:50:44.246$ this is shocking to me.

NOTE Confidence: 0.81065308

 $00:50:44.250 \longrightarrow 00:50:47.225$ It's really not because we're part of

NOTE Confidence: 0.81065308

 $00{:}50{:}47.225 \dashrightarrow 00{:}50{:}49.420$ the American ecosystem where there's

NOTE Confidence: 0.81065308

 $00:50:49.420 \longrightarrow 00:50:51.970$ this desire to want to capitalize,

NOTE Confidence: 0.81065308

 $00:50:51.970 \longrightarrow 00:50:53.090$ but it really makes our,

NOTE Confidence: 0.81065308

 $00{:}50{:}53.090 \dashrightarrow 00{:}50{:}54.806$ our jobs harder as physicians to

NOTE Confidence: 0.81065308

 $00:50:54.806 \longrightarrow 00:50:56.931$ think about what we were trained in

NOTE Confidence: 0.81065308

00:50:56.931 --> 00:50:58.767 medical school not to think about,

NOTE Confidence: 0.81065308

 $00:50:58.770 \longrightarrow 00:51:01.608$ but it's impacting all of us.

NOTE Confidence: 0.81065308

 $00:51:01.610 \longrightarrow 00:51:02.726$ This is the why for me,

NOTE Confidence: 0.81065308

 $00:51:02.730 \longrightarrow 00:51:04.314$ why do I keep going even

NOTE Confidence: 0.81065308

00:51:04.314 --> 00:51:05.978 though it seems like, you know,

NOTE Confidence: 0.81065308

 $00:51:05.978 \longrightarrow 00:51:07.595$ the system is a big wave

 $00:51:07.595 \longrightarrow 00:51:08.770$ and crashing us all over?

NOTE Confidence: 0.81065308

 $00:51:08.770 \longrightarrow 00:51:09.730$ I really don't feel that way.

NOTE Confidence: 0.81065308

00:51:09.730 --> 00:51:11.635 I'm actually still bright eyed

NOTE Confidence: 0.81065308

 $00:51:11.635 \longrightarrow 00:51:13.540$ and bushy tailed and naive.

NOTE Confidence: 0.81065308

00:51:13.540 --> 00:51:14.338 How many of you all know Paul,

NOTE Confidence: 0.81065308

 $00:51:14.340 \longrightarrow 00:51:14.860$ Farmer,

NOTE Confidence: 0.936479825

00:51:17.220 --> 00:51:19.040 humanitarian. And for me,

NOTE Confidence: 0.936479825

 $00:51:19.040 \longrightarrow 00:51:21.580$ this is the why health really

NOTE Confidence: 0.936479825

 $00:51:21.580 \longrightarrow 00:51:23.380$ is a fundamental human right.

NOTE Confidence: 0.941092216666667

 $00:51:25.420 \longrightarrow 00:51:27.688$ It's not something that we if we

NOTE Confidence: 0.941092216666667

00:51:27.688 --> 00:51:30.139 live in the right neighborhood,

NOTE Confidence: 0.941092216666667

 $00:51:30.140 \longrightarrow 00:51:31.856$ if we have the right parents,

NOTE Confidence: 0.941092216666667

 $00{:}51{:}31.860 \dashrightarrow 00{:}51{:}33.300$ if we have the right education,

NOTE Confidence: 0.941092216666667

 $00{:}51{:}33.300 \dashrightarrow 00{:}51{:}35.538$ if we speak the right language,

NOTE Confidence: 0.941092216666667

 $00:51:35.540 \longrightarrow 00:51:37.187$ that we may or may not be able to

 $00:51:37.187 \longrightarrow 00:51:38.698$ attain our highest health possible.

NOTE Confidence: 0.93773775

 $00:51:43.000 \longrightarrow 00:51:45.640$ And why also is because we see change.

NOTE Confidence: 0.93773775

 $00:51:45.640 \longrightarrow 00:51:47.120$ The A/C A was huge,

NOTE Confidence: 0.93773775

 $00:51:47.120 \longrightarrow 00:51:49.160$ opened up the door to being able to

NOTE Confidence: 0.93773775

 $00:51:49.160 \longrightarrow 00:51:51.197$ take away this idea of death panels.

NOTE Confidence: 0.93773775

00:51:51.200 --> 00:51:53.636 We actually get reimbursed for having

NOTE Confidence: 0.93773775

 $00:51:53.640 \longrightarrow 00:51:56.022$ conversations that should be part of

NOTE Confidence: 0.93773775

 $00:51:56.022 \longrightarrow 00:51:58.800$ the fabric about how we deliver care.

NOTE Confidence: 0.93773775

 $00:51:58.800 \longrightarrow 00:52:00.102$ But also remember that site that

NOTE Confidence: 0.93773775

 $00:52:00.102 \longrightarrow 00:52:01.841$ I told you in Fullerton that said

NOTE Confidence: 0.93773775

 $00{:}52{:}01.841 \dashrightarrow 00{:}52{:}03.479$ no way to advance care planning.

NOTE Confidence: 0.93773775

 $00:52:03.480 \longrightarrow 00:52:04.764$ We'll do the symptoms stuff if

NOTE Confidence: 0.93773775

 $00:52:04.764 \longrightarrow 00:52:06.399$ you give us a bunch of money.

NOTE Confidence: 0.93773775

 $00:52:06.400 \longrightarrow 00:52:11.027$ They now are advertising on their website.

NOTE Confidence: 0.93773775

 $00:52:11.030 \longrightarrow 00:52:13.242$ This program is part of one of

NOTE Confidence: 0.93773775

 $00:52:13.242 \longrightarrow 00:52:14.475$ their critical services and

 $00:52:14.475 \longrightarrow 00:52:16.185$ care more decided to pull out.

NOTE Confidence: 0.93773775

 $00{:}52{:}16.190 \dashrightarrow 00{:}52{:}18.390$ They said we're not paying for it anymore.

NOTE Confidence: 0.93773775

 $00:52:18.390 \longrightarrow 00:52:19.521$ But guess what?

NOTE Confidence: 0.93773775

00:52:19.521 --> 00:52:22.160 This oncology group is continuing with it

NOTE Confidence: 0.93773775

 $00:52:22.233 \dashrightarrow 00:52:24.949$ now and has expanded across three states.

NOTE Confidence: 0.93773775

00:52:24.950 --> 00:52:25.990 A couple of months ago,

NOTE Confidence: 0.93773775

 $00:52:25.990 \longrightarrow 00:52:28.024$ we trained all of the health

NOTE Confidence: 0.93773775

 $00:52:28.024 \longrightarrow 00:52:29.910$ advocates at unite your health.

NOTE Confidence: 0.93773775

 $00:52:29.910 \longrightarrow 00:52:31.878$ So all of the health advocates

NOTE Confidence: 0.93773775

 $00{:}52{:}31.878 \dashrightarrow 00{:}52{:}33.830$ across the United States, Las Vegas,

NOTE Confidence: 0.93773775

00:52:33.830 --> 00:52:35.906 New York, Boston, the food industry,

NOTE Confidence: 0.93773775

 $00:52:35.906 \longrightarrow 00:52:39.200$ they were all trained on this model and.

NOTE Confidence: 0.93773775

 $00:52:39.200 \dashrightarrow 00:52:43.334$ I firmly believe in advocating policy change.

NOTE Confidence: 0.93773775

 $00:52:43.334 \longrightarrow 00:52:45.728$ We always forget about the outer bucket.

NOTE Confidence: 0.93773775

00:52:45.730 --> 00:52:47.716 But it's so important to think

00:52:47.716 --> 00:52:49.809 about how to advocate for change.

NOTE Confidence: 0.93773775

 $00{:}52{:}49.810 \dashrightarrow 00{:}52{:}51.418$ So with community partners,

NOTE Confidence: 0.93773775

00:52:51.418 --> 00:52:54.370 we were knocking on the door in

NOTE Confidence: 0.93773775

00:52:54.370 --> 00:52:56.700 Sacramento every month saying community

NOTE Confidence: 0.93773775

 $00:52:56.700 \longrightarrow 00:52:59.650$ health workers need to be reimbursed.

NOTE Confidence: 0.93773775

 $00:52:59.650 \longrightarrow 00:53:00.883$ And so now,

NOTE Confidence: 0.93773775

 $00:53:00.883 \longrightarrow 00:53:02.527$ as a medical benefit,

NOTE Confidence: 0.93773775

 $00:53:02.530 \longrightarrow 00:53:03.454$ as of July,

NOTE Confidence: 0.93773775

 $00{:}53{:}03.454 \dashrightarrow 00{:}53{:}05.302$ the work that my community members

NOTE Confidence: 0.93773775

 $00:53:05.302 \longrightarrow 00:53:06.931$ and Community health workers

NOTE Confidence: 0.93773775

 $00:53:06.931 \longrightarrow 00:53:08.688$ are doing are now reimbursed.

NOTE Confidence: 0.922411470588235

00:53:11.210 --> 00:53:13.307 I have a lot of other projects now focused

NOTE Confidence: 0.922411470588235

 $00:53:13.307 \longrightarrow 00:53:15.408$ on that other side of EU shaped curve,

NOTE Confidence: 0.922411470588235

 $00{:}53{:}15.410 \dashrightarrow 00{:}53{:}17.410$ really trying to improve equitable

NOTE Confidence: 0.922411470588235

 $00:53:17.410 \longrightarrow 00:53:19.010$ evidence based care delivery.

NOTE Confidence: 0.922411470588235

 $00:53:19.010 \longrightarrow 00:53:21.170$ And for me it really is people over profits.

00:53:21.170 --> 00:53:22.484 And I think all of you in this room,

NOTE Confidence: 0.922411470588235

 $00{:}53{:}22.490 \dashrightarrow 00{:}53{:}25.650$ because you came to this talk number one,

NOTE Confidence: 0.922411470588235

 $00{:}53{:}25.650 \dashrightarrow 00{:}53{:}27.170$ really believe the same thing

NOTE Confidence: 0.9402536

 $00:53:29.610 \longrightarrow 00:53:31.887$ when you think about the people at the table.

NOTE Confidence: 0.9402536

 $00:53:31.890 \longrightarrow 00:53:34.090$ We've got the governor's office,

NOTE Confidence: 0.9402536

 $00:53:34.090 \longrightarrow 00:53:36.430$ you can see the big capital,

NOTE Confidence: 0.9402536

 $00:53:36.430 \longrightarrow 00:53:39.230$ we've got the county.

NOTE Confidence: 0.9402536

00:53:39.230 --> 00:53:41.950 Department of Public Health,

NOTE Confidence: 0.9402536

 $00{:}53{:}41.950 \dashrightarrow 00{:}53{:}43.665$ you think about who's at the table,

NOTE Confidence: 0.9402536

00:53:43.670 --> 00:53:46.238 who even knows that a table

NOTE Confidence: 0.9402536

 $00:53:46.238 \longrightarrow 00:53:47.526$ exists and who's not there,

NOTE Confidence: 0.9402536

 $00:53:47.526 \longrightarrow 00:53:49.469$ who may not know that the table exists.

NOTE Confidence: 0.9402536

 $00{:}53{:}49.470 \dashrightarrow 00{:}53{:}52.543$ Bring them all together and you can

NOTE Confidence: 0.9402536

 $00:53:52.543 \longrightarrow 00:53:53.860$ create sustainable interventions

NOTE Confidence: 0.9402536

00:53:53.924 --> 00:53:55.988 like I talked about in Honduras.

 $00:53:55.990 \longrightarrow 00:53:56.788$ And that's it.

NOTE Confidence: 0.9402536

 $00:53:56.788 \longrightarrow 00:53:57.586$ That's a wrap.

NOTE Confidence: 0.934215492

 $00:54:04.710 \longrightarrow 00:54:06.378$ We have a couple time. This is our lab.

NOTE Confidence: 0.934215492

00:54:06.378 --> 00:54:08.028 And so if anyone wants to check it out,

NOTE Confidence: 0.934215492

 $00:54:08.030 \longrightarrow 00:54:10.326$ please, we've got a bunch of other

NOTE Confidence: 0.934215492

 $00:54:10.326 \longrightarrow 00:54:11.962$ studies ongoing and then certainly

NOTE Confidence: 0.934215492

00:54:11.962 --> 00:54:13.090 some questions. Yes, in the back.

NOTE Confidence: 0.93270605

00:54:15.410 --> 00:54:16.410 Oh, thank you Sir.

NOTE Confidence: 0.9452853

 $00:54:24.610 \longrightarrow 00:54:25.640$ One of the beauties of

NOTE Confidence: 0.9452853

 $00:54:25.640 \longrightarrow 00:54:27.570$ community that expresses

NOTE Confidence: 0.94629164

 $00:54:27.570 \longrightarrow 00:54:31.830$ the support you said really get to vote yes

NOTE Confidence: 0.94629164

 $00:54:31.830 \longrightarrow 00:54:34.009$ really the whole 1000 importance of that.

NOTE Confidence: 0.94629164

 $00:54:34.010 \longrightarrow 00:54:36.428$ Did you identify any particular cultural

NOTE Confidence: 0.94629164

 $00:54:36.428 \longrightarrow 00:54:38.475$ barriers and or facilitators within

NOTE Confidence: 0.94629164

00:54:38.475 --> 00:54:40.725 the community that she's engaged with?

NOTE Confidence: 0.918741776666667

 $00:54:41.890 \longrightarrow 00:54:43.270$ Very good question.

 $00:54:43.270 \longrightarrow 00:54:45.270$ So the question, did everybody

NOTE Confidence: 0.918741776666667

 $00:54:45.270 \longrightarrow 00:54:47.130$ hear that maybe for online folks,

NOTE Confidence: 0.918741776666667

 $00:54:47.130 \longrightarrow 00:54:49.631$ the question was did you with

NOTE Confidence: 0.918741776666667

 $00:54:49.631 \longrightarrow 00:54:51.315$ community based participatory research

NOTE Confidence: 0.918741776666667

 $00:54:51.315 \longrightarrow 00:54:52.999$ really knowing the communities

NOTE Confidence: 0.918741776666667

 $00:54:52.999 \longrightarrow 00:54:55.122$ and if we identified any cultural

NOTE Confidence: 0.918741776666667

 $00:54:55.122 \longrightarrow 00:54:56.767$ barriers or facilitators in the

NOTE Confidence: 0.918741776666667

 $00:54:56.826 \longrightarrow 00:54:58.766$ communities that we identified with.

NOTE Confidence: 0.918741776666667

 $00{:}54{:}58.770 \dashrightarrow 00{:}55{:}00.940$ So yes, and I'm really glad that

NOTE Confidence: 0.918741776666667

 $00{:}55{:}00.940 \dashrightarrow 00{:}55{:}02.782$ you asked that question because

NOTE Confidence: 0.918741776666667

 $00:55:02.782 \longrightarrow 00:55:04.537$ there were some considerations

NOTE Confidence: 0.918741776666667

00:55:04.537 --> 00:55:06.972 especially among some of the

NOTE Confidence: 0.918741776666667

 $00{:}55{:}06.972 \dashrightarrow 00{:}55{:}08.920$ Asian patient populations about.

NOTE Confidence: 0.918741776666667

 $00:55:08.920 \longrightarrow 00:55:10.480$ Patients may be potentially not

NOTE Confidence: 0.918741776666667

 $00:55:10.480 \longrightarrow 00:55:12.040$ wanting to engage in discussions,

 $00:55:12.040 \longrightarrow 00:55:14.000$ but that their caregivers would.

NOTE Confidence: 0.918741776666667

 $00{:}55{:}14.000 \dashrightarrow 00{:}55{:}16.568$ And so we expanded the intervention

NOTE Confidence: 0.918741776666667

 $00:55:16.568 \longrightarrow 00:55:19.040$ to allow for cultural humility.

NOTE Confidence: 0.918741776666667

 $00:55:19.040 \longrightarrow 00:55:23.198$ If that is how that is in their family,

NOTE Confidence: 0.918741776666667

 $00{:}55{:}23.200 \dashrightarrow 00{:}55{:}25.984$ who am I to say I want to talk

NOTE Confidence: 0.918741776666667

00:55:25.984 --> 00:55:27.064 to the patient directly about

NOTE Confidence: 0.918741776666667

 $00:55:27.064 \longrightarrow 00:55:28.118$ what the patient wants?

NOTE Confidence: 0.918741776666667

00:55:28.120 --> 00:55:31.120 That is how and especially in my family,

NOTE Confidence: 0.918741776666667

 $00{:}55{:}31.120 \dashrightarrow 00{:}55{:}32.638$ the same goes in my family.

NOTE Confidence: 0.918741776666667

 $00:55:32.640 \longrightarrow 00:55:34.719$ We want the patient to be engaged,

NOTE Confidence: 0.918741776666667

 $00:55:34.720 \longrightarrow 00:55:35.980$ but is that how,

NOTE Confidence: 0.918741776666667

 $00:55:35.980 \longrightarrow 00:55:37.870$ if that's how they've set up.

NOTE Confidence: 0.918741776666667

 $00:55:37.870 \longrightarrow 00:55:39.015$ And that's how they've been

NOTE Confidence: 0.9187417766666667

 $00:55:39.015 \longrightarrow 00:55:40.590$ that is part of their culture,

NOTE Confidence: 0.918741776666667

 $00:55:40.590 \longrightarrow 00:55:42.306$ in the fabric of their culture.

NOTE Confidence: 0.918741776666667

 $00{:}55{:}42.310 \dashrightarrow 00{:}55{:}44.662$ We should try to begin to tweak

 $00:55:44.662 \longrightarrow 00:55:45.670$ our interventions again,

NOTE Confidence: 0.918741776666667

 $00:55:45.670 \longrightarrow 00:55:47.670$ using that same concept of

NOTE Confidence: 0.918741776666667

 $00:55:47.670 \longrightarrow 00:55:49.230$ not going in with blinders,

NOTE Confidence: 0.918741776666667

 $00:55:49.230 \longrightarrow 00:55:50.862$ of thinking that this is the

NOTE Confidence: 0.918741776666667

00:55:50.862 --> 00:55:52.150 way this intervention should be,

NOTE Confidence: 0.918741776666667

 $00:55:52.150 \longrightarrow 00:55:54.235$ but rather thinking about how

NOTE Confidence: 0.918741776666667

 $00:55:54.235 \longrightarrow 00:55:55.903$ to codesign the discussions.

NOTE Confidence: 0.918741776666667

00:55:55.910 --> 00:55:58.988 Facilitators was faithbased,

NOTE Confidence: 0.918741776666667

00:55:58.990 --> 00:56:01.264 so in Atlantic City we found

NOTE Confidence: 0.918741776666667

00:56:01.264 --> 00:56:02.780 community partners that were

NOTE Confidence: 0.918741776666667

 $00:56:02.849 \longrightarrow 00:56:04.844$ faithbased organizations across

NOTE Confidence: 0.918741776666667

 $00:56:04.844 \longrightarrow 00:56:06.510$ multiple demographic groups.

NOTE Confidence: 0.918741776666667

 $00{:}56{:}06.510 \dashrightarrow 00{:}56{:}10.010$ Who really came to charge and would

NOTE Confidence: 0.918741776666667

 $00:56:10.010 \longrightarrow 00:56:13.100$ talk about filling out five wishes?

NOTE Confidence: 0.918741776666667

 $00:56:13.100 \longrightarrow 00:56:15.700$ In their sermons on Sunday?

00:56:15.700 --> 00:56:17.680 We found Hindu priests discussing

NOTE Confidence: 0.918741776666667

 $00{:}56{:}17.680 {\:{\circ}{\circ}{\circ}}>00{:}56{:}20.120$ advanced care plan and we provided

NOTE Confidence: 0.918741776666667

 $00:56:20.120 \longrightarrow 00:56:22.454$ them with the materials and so

NOTE Confidence: 0.918741776666667

 $00:56:22.454 \longrightarrow 00:56:24.527$ they expanded that reach and

NOTE Confidence: 0.918741776666667

 $00:56:24.527 \longrightarrow 00:56:25.775$ normalized these conversations

NOTE Confidence: 0.918741776666667

 $00:56:25.775 \longrightarrow 00:56:28.756$ long before we had to even engage.

NOTE Confidence: 0.918741776666667

 $00:56:28.756 \longrightarrow 00:56:30.100$ Very good question.

NOTE Confidence: 0.918741776666667

 $00:56:30.100 \longrightarrow 00:56:31.654$ Did that answer some of your questions?

NOTE Confidence: 0.926835733333333

 $00.56:36.710 \longrightarrow 00.56:39.075$ I mean the technology,

NOTE Confidence: 0.926835733333333

00:56:39.075 --> 00:56:42.190 you never go by higher funding costs.

NOTE Confidence: 0.9268357333333333

 $00{:}56{:}42.190 \dashrightarrow 00{:}56{:}47.239$ Yeah. How do we change capitalistic

NOTE Confidence: 0.926835733333333

 $00:56:47.239 \longrightarrow 00:56:49.453$ model we see in there versus

NOTE Confidence: 0.926835733333333

 $00:56:49.453 \longrightarrow 00:56:51.030$ every other technology sector?

NOTE Confidence: 0.9268357333333333

 $00{:}56{:}51.030 \dashrightarrow 00{:}56{:}52.350$ Like why are they so different?

NOTE Confidence: 0.926835733333333

 $00:56:52.350 \longrightarrow 00:56:54.150$ Is it beer and black information?

NOTE Confidence: 0.926835733333333

 $00:56:54.150 \longrightarrow 00:56:55.242$ Like why are they so different and

 $00:56:55.242 \longrightarrow 00:56:56.667$ how do we kind of break the picture?

NOTE Confidence: 0.944566485714286

 $00:56:57.630 \longrightarrow 00:56:58.154$ Good question.

NOTE Confidence: 0.944566485714286

 $00:56:58.154 \longrightarrow 00:57:00.260$ So the question was why, you know,

NOTE Confidence: 0.944566485714286

 $00:57:00.260 \longrightarrow 00:57:03.025$ in the technology sector there's this desire.

NOTE Confidence: 0.944566485714286

 $00:57:03.030 \longrightarrow 00:57:04.549$ Please correct me if I'm wrong there.

NOTE Confidence: 0.944566485714286

 $00:57:04.550 \longrightarrow 00:57:05.564$ Essentially you can.

NOTE Confidence: 0.944566485714286

 $00:57:05.564 \longrightarrow 00:57:07.930$ Make products that can then lower costs.

NOTE Confidence: 0.944566485714286

 $00:57:07.930 \longrightarrow 00:57:08.930$ But in the healthcare sector,

NOTE Confidence: 0.944566485714286

 $00{:}57{:}08.930 \dashrightarrow 00{:}57{:}11.345$ we're not there yet and it's all

NOTE Confidence: 0.944566485714286

 $00:57:11.345 \longrightarrow 00:57:13.130$ because it's misaligned incentives.

NOTE Confidence: 0.944566485714286

 $00:57:13.130 \longrightarrow 00:57:14.607$ If you think about the different players,

NOTE Confidence: 0.944566485714286

 $00:57:14.610 \longrightarrow 00:57:16.566$ we haven't come together to align.

NOTE Confidence: 0.944566485714286

 $00{:}57{:}16.570 \dashrightarrow 00{:}57{:}17.938$ Consumers really drive change.

NOTE Confidence: 0.944566485714286

 $00{:}57{:}17.938 \dashrightarrow 00{:}57{:}20.968$ And So what we really need to do is

NOTE Confidence: 0.944566485714286

 $00:57:20.968 \longrightarrow 00:57:23.110$ galvanize like we are in these communities

00:57:23.170 --> 00:57:25.090 and start thinking together and

NOTE Confidence: 0.944566485714286

 $00:57:25.090 \longrightarrow 00:57:27.263$ collectively about how to change that.

NOTE Confidence: 0.944566485714286

00:57:27.263 --> 00:57:29.287 You know, I, I hate to go there,

NOTE Confidence: 0.944566485714286

 $00:57:29.290 \longrightarrow 00:57:33.130$ but a universal payer system,

NOTE Confidence: 0.944566485714286

 $00:57:33.130 \longrightarrow 00:57:35.520$ you see how it works in the VA.

NOTE Confidence: 0.944566485714286

 $00:57:35.520 \longrightarrow 00:57:37.380$ And there are challenges that every

NOTE Confidence: 0.944566485714286

 $00:57:37.380 \longrightarrow 00:57:39.635$ study we've done in the VA and outside

NOTE Confidence: 0.944566485714286

 $00:57:39.635 \longrightarrow 00:57:41.243$ the VA shows that people within

NOTE Confidence: 0.944566485714286

 $00:57:41.243 \longrightarrow 00:57:42.815$ the VA have less disparities when

NOTE Confidence: 0.944566485714286

00:57:42.815 --> 00:57:44.640 they get care within the VA system.

NOTE Confidence: 0.944566485714286

 $00{:}57{:}44.640 \dashrightarrow 00{:}57{:}46.299$ And now with the Mission Act that

NOTE Confidence: 0.944566485714286

 $00:57:46.299 \longrightarrow 00:57:47.941$ allows our veterans to receive care

NOTE Confidence: 0.944566485714286

00:57:47.941 --> 00:57:49.117 in community based facilities,

NOTE Confidence: 0.944566485714286

 $00:57:49.120 \longrightarrow 00:57:51.176$ we see that when they use community based

NOTE Confidence: 0.944566485714286

 $00:57:51.176 \longrightarrow 00:57:52.600$ facilities, their outcomes are worse.

NOTE Confidence: 0.939338745454545

 $00:57:55.040 \longrightarrow 00:57:58.478$ It is a way to financially

00:57:58.478 --> 00:58:01.560 incentivize and to align goals,

NOTE Confidence: 0.939338745454545

 $00:58:01.560 \longrightarrow 00:58:02.640$ not to be a reductionist,

NOTE Confidence: 0.939338745454545

 $00:58:02.640 \longrightarrow 00:58:03.560$ but that's one example.

NOTE Confidence: 0.93689905

 $00:58:06.840 \longrightarrow 00:58:08.840$ A comment and a question.

NOTE Confidence: 0.936228178

 $00{:}58{:}09.760 \dashrightarrow 00{:}58{:}13.450$ So the comment is that I worry a

NOTE Confidence: 0.936228178

00:58:13.450 --> 00:58:15.790 little bit about putting patients in

NOTE Confidence: 0.936228178

 $00.58:15.790 \longrightarrow 00.58:18.518$ the middle of the cost situation,

NOTE Confidence: 0.936228178

 $00:58:18.520 \longrightarrow 00:58:20.120$ partially because the costs

NOTE Confidence: 0.936228178

 $00{:}58{:}20.120 \dashrightarrow 00{:}58{:}22.120$ are in many ways artificial.

NOTE Confidence: 0.936228178

 $00{:}58{:}22.120 \dashrightarrow 00{:}58{:}24.664$ And I think the real solution is of

NOTE Confidence: 0.936228178

 $00{:}58{:}24.664 \dashrightarrow 00{:}58{:}26.731$ course that we should have coverage

NOTE Confidence: 0.936228178

 $00:58:26.731 \longrightarrow 00:58:29.608$ for everyone and and then we should

NOTE Confidence: 0.936228178

 $00{:}58{:}29.608 \dashrightarrow 00{:}58{:}32.258$ work on figuring out the cost.

NOTE Confidence: 0.936228178

 $00{:}58{:}32.260 \dashrightarrow 00{:}58{:}34.356$ The and and I fear that some people

NOTE Confidence: 0.936228178

 $00:58:34.356 \longrightarrow 00:58:36.407$ will just say that's just too much

00:58:36.407 --> 00:58:39.556 money for me and for maybe the wrong

NOTE Confidence: 0.936228178

 $00:58:39.556 \longrightarrow 00:58:41.860$ reasons choose not to get care.

NOTE Confidence: 0.936228178

00:58:41.860 --> 00:58:45.823 The question I have though is to what extent?

NOTE Confidence: 0.936228178

00:58:45.823 --> 00:58:48.745 I know in in at least one of the

NOTE Confidence: 0.936228178

 $00:58:48.745 \longrightarrow 00:58:50.309$ studies there wasn't interaction

NOTE Confidence: 0.936228178

00:58:50.309 --> 00:58:51.901 between the Community health

NOTE Confidence: 0.936228178

 $00:58:51.901 \longrightarrow 00:58:53.656$ worker and the medical team.

NOTE Confidence: 0.936228178

 $00:58:53.660 \longrightarrow 00:58:55.535$ To what extent in other

NOTE Confidence: 0.936228178

 $00:58:55.535 \longrightarrow 00:58:57.035$ situations have you had?

NOTE Confidence: 0.936228178

00:58:57.040 --> 00:58:57.920 Contact between those two,

NOTE Confidence: 0.946004114285714

 $00:58:58.400 \longrightarrow 00:58:59.835$ yeah I actually that's a good question.

NOTE Confidence: 0.946004114285714

 $00:58:59.840 \longrightarrow 00:59:01.996$ So the question was to what degree

NOTE Confidence: 0.946004114285714

 $00:59:01.996 \longrightarrow 00:59:03.730$ does the Community health worker

NOTE Confidence: 0.946004114285714

 $00:59:03.730 \longrightarrow 00:59:05.600$ engage with the clinical teams.

NOTE Confidence: 0.946004114285714

 $00:59:05.600 \longrightarrow 00:59:07.800$ I think in the in the ideal scenario

NOTE Confidence: 0.946004114285714

 $00:59:07.800 \longrightarrow 00:59:10.025$ you want a highly functioning team

 $00:59:10.025 \longrightarrow 00:59:12.443$ where there is communication across both

NOTE Confidence: 0.946004114285714

00:59:12.511 --> 00:59:14.671 unfortunately and and the majority of

NOTE Confidence: 0.946004114285714

00:59:14.671 --> 00:59:17.364 the sites have chosen that even if they

NOTE Confidence: 0.946004114285714

00:59:17.364 --> 00:59:18.919 haven't chosen that initially they've

NOTE Confidence: 0.946004114285714

 $00:59:18.919 \longrightarrow 00:59:20.890$ come around to really engaging the

NOTE Confidence: 0.946004114285714

 $00:59:20.890 \longrightarrow 00:59:23.019$ community health workers part of the team.

NOTE Confidence: 0.946004114285714

 $00:59:23.020 \longrightarrow 00:59:24.634$ Where we've seen struggles is in

NOTE Confidence: 0.946004114285714

 $00{:}59{:}24.634 \rightarrow 00{:}59{:}26.298$ that example in Atlantic City and

NOTE Confidence: 0.946004114285714

 $00{:}59{:}26.298 \to 00{:}59{:}27.643$ Chicago where the oncologist really

NOTE Confidence: 0.946004114285714

00:59:27.643 --> 00:59:29.536 did not want to be involved at all.

NOTE Confidence: 0.946004114285714

 $00:59:29.540 \longrightarrow 00:59:30.220$ And so we said, Okay,

NOTE Confidence: 0.946004114285714

 $00:59:30.220 \longrightarrow 00:59:32.272$ we're going to do it with the payer alone

NOTE Confidence: 0.946004114285714

 $00{:}59{:}32.272 \dashrightarrow 00{:}59{:}34.179$ and there was limited communication,

NOTE Confidence: 0.946004114285714

 $00:59:34.180 \longrightarrow 00:59:36.204$ but we also want to make it such

NOTE Confidence: 0.946004114285714

 $00:59:36.204 \longrightarrow 00:59:37.539$ that patients are activated.

 $00:59:37.540 \longrightarrow 00:59:38.653$ These interventions, the,

NOTE Confidence: 0.946004114285714

 $00:59:38.653 \longrightarrow 00:59:40.137$ the proactive symptom assessment,

NOTE Confidence: 0.946004114285714

00:59:40.140 --> 00:59:42.540 I think should be longitudinal,

NOTE Confidence: 0.946004114285714

 $00:59:42.540 \longrightarrow 00:59:43.620$ but the advanced care planning,

NOTE Confidence: 0.946004114285714

 $00:59:43.620 \longrightarrow 00:59:45.438$ you really want to give patients

NOTE Confidence: 0.946004114285714

 $00:59:45.438 \longrightarrow 00:59:47.919$ the tools to be their own advocate.

NOTE Confidence: 0.946004114285714

 $00:59:47.920 \longrightarrow 00:59:49.950$ And so in those situations and most

NOTE Confidence: 0.946004114285714

 $00:59:49.950 \longrightarrow 00:59:52.304$ of our studies are really just limited

NOTE Confidence: 0.946004114285714

 $00{:}59{:}52.304 \to 00{:}59{:}54.079$ with that intervention you see,

NOTE Confidence: 0.946004114285714

00:59:54.080 --> 00:59:55.879 which I didn't show is an enduring

NOTE Confidence: 0.946004114285714

 $00{:}59{:}55.879 \dashrightarrow 00{:}59{:}57.486$ effect of the intervention long

NOTE Confidence: 0.946004114285714

00:59:57.486 --> 00:59:59.436 after the intervention has ended.

NOTE Confidence: 0.946004114285714

 $00:59:59.440 \longrightarrow 01:00:00.454$ And so we,

NOTE Confidence: 0.946004114285714

 $01:00:00.454 \longrightarrow 01:00:03.284$ we just looked at the VA study now

NOTE Confidence: 0.946004114285714

 $01:00:03.284 \longrightarrow 01:00:05.676$ 10 years later and we found actually

NOTE Confidence: 0.946004114285714

 $01:00:05.676 \longrightarrow 01:00:07.590$ really big differences at the end

01:00:07.649 --> 01:00:09.679 of life for the patients that died,

NOTE Confidence: 0.946004114285714

 $01:00:09.680 \longrightarrow 01:00:11.585$ perhaps indicating that the skills

NOTE Confidence: 0.946004114285714

01:00:11.585 --> 01:00:13.490 that patients were learning are

NOTE Confidence: 0.946004114285714

 $01:00:13.549 \longrightarrow 01:00:14.817$ like riding a bicycle.

NOTE Confidence: 0.946004114285714

 $01:00:14.820 \longrightarrow 01:00:16.934$ You want patients to activate for themselves.

NOTE Confidence: 0.946004114285714

 $01:00:16.940 \longrightarrow 01:00:18.566$ And so in those situations where

NOTE Confidence: 0.946004114285714

01:00:18.566 --> 01:00:20.159 we don't have the Wellfunctioning

NOTE Confidence: 0.946004114285714

 $01:00:20.159 \longrightarrow 01:00:21.979$ team in the communication,

NOTE Confidence: 0.946004114285714

 $01:00:21.980 \longrightarrow 01:00:24.116$ we have the Community health worker

NOTE Confidence: 0.946004114285714

 $01:00:24.116 \longrightarrow 01:00:25.946$ activate the patients to call

NOTE Confidence: 0.946004114285714

 $01:00:25.946 \longrightarrow 01:00:28.010$ their clinician and make sure that

NOTE Confidence: 0.946004114285714

 $01:00:28.010 \longrightarrow 01:00:29.700$ these symptoms are addressed.

NOTE Confidence: 0.946004114285714 01:00:29.700 --> 01:00:30.138 So they say, NOTE Confidence: 0.946004114285714

01:00:30.138 --> 01:00:31.500 I'm going to get off the phone with you,

NOTE Confidence: 0.946004114285714

 $01:00:31.500 \longrightarrow 01:00:32.916$ you're going to call your clinician

 $01:00:32.916 \longrightarrow 01:00:33.860$ going to hang up.

NOTE Confidence: 0.946004114285714

01:00:33.860 --> 01:00:35.498 I'm going to call you again in

NOTE Confidence: 0.946004114285714

 $01:00:35.498 \longrightarrow 01:00:37.257$ an hour and see if you did it.

NOTE Confidence: 0.946004114285714

 $01:00:37.260 \longrightarrow 01:00:39.468$ And so it helps the patient to then

NOTE Confidence: 0.946004114285714

 $01:00:39.468 \longrightarrow 01:00:41.368$ begin there to be their own voice.

NOTE Confidence: 0.946004114285714

 $01:00:41.370 \longrightarrow 01:00:43.239$ So that they're not reliant on someone

NOTE Confidence: 0.946004114285714

 $01:00:43.239 \longrightarrow 01:00:44.690$ else mediating that relationship.

NOTE Confidence: 0.946004114285714

 $01:00:44.690 \longrightarrow 01:00:46.610$ And the reason that's important is

NOTE Confidence: 0.946004114285714

 $01:00:46.610 \longrightarrow 01:00:48.812$ because cancer is one part of what

NOTE Confidence: 0.946004114285714

 $01:00:48.812 \longrightarrow 01:00:50.528$ a patient may be diagnosed with.

NOTE Confidence: 0.946004114285714

 $01{:}00{:}50.530 \dashrightarrow 01{:}00{:}52.690$ And so you want them to have skills

NOTE Confidence: 0.946004114285714

 $01:00:52.690 \longrightarrow 01:00:54.649$ that are going to supersede the

NOTE Confidence: 0.946004114285714

 $01:00:54.650 \longrightarrow 01:00:56.245$ small narrow piece of medical

NOTE Confidence: 0.946004114285714

 $01:00:56.245 \longrightarrow 01:00:58.222$ conditions that we all are are

NOTE Confidence: 0.946004114285714

 $01:00:58.222 \longrightarrow 01:01:00.130$ seeing at the surface and treating.